# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

000285O MB

DOCUMENT # B01000000373

1. Entity Name
AMC DELANCEY MIAMI LAKES ASSOCIATES, L.P.

FILED
03 SEP 15 PM 12:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| Principal Place of Business | Mailing Address |
|---|---|
| 555 CROTON ROAD. SUITE 300<br>CROTON ROAD CORPORATE CENTER<br>KING OF PRUSSIA PA 19406 | C/O AMC DELANCEY GROUP. INC.<br>718 ARCH STREET. SUITE 400N<br>PHILADELPHIA PA 19106 |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 718 Arch Street | |
| Suite, Apt. #, etc.<br>Suite 400N | Suite, Apt. #, etc. |
| City & State<br>Philadelphia, PA | City & State |
| Zip<br>19106 / Country<br>USA | Zip / Country |

**DUE BY SEPTEMBER 24, 2003**

4. FEI Number 23-3094089 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| C T CORPORATION SYSTEM<br>1200 SOUTH PINE ISLAND ROAD<br>PLANTATION FL 33324 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City **FL** Zip Code |

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

| 9. Capital Contributions as Shown on record. | 10. Amount of Capital Contributions in FLORIDA to date. | 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE<br>SEE REVERSE SIDE FOR FEE INFORMATION |
|---|---|---|
| ~~$1,662,500.00~~ $19,000 | 19,000 | |

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

| 12. GENERAL PARTNER INFORMATION | | 13. ADDRESS CHANGES ONLY | |
|---|---|---|---|
| DOCUMENT # | F01000005563 | STREET ADDRESS | 718 Arch Street, Suite 400N |
| NAME | AMC DELANCEY MIAMI LAKES, INC. | CITY-ST-ZIP | Philadelphia, PA 19106, USA |
| STREET ADDRESS | 555 CROTON ROAD, SUITE 300 | | |
| CITY-ST-ZIP | KING OF PRUSSIA PA 19406 | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | 900021793659 |
| CITY-ST-ZIP | | | 07/25/03--01083--003 **221.75 |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | ~~900021793659~~ |
| NAME | | | 09/15/03--01082--004 **400.00 |
| STREET ADDRESS | | CITY-ST-ZIP | |
| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |

CR2E003 (4/03)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**SIGNATURE:** SIGNATURE REQUIRED 7/9/03 215-627-6500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #