


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 02, 2006 08:00 AM
Secretary of State

DOCUMENT # M05000002902
 1. Entity Name
 AMC DELANCEY HUDSON CAPITAL I, LLC



Principal Place of Business: 718 ARCH STREET, SUITE 400N, PHILADELPHIA, PA 19106
 Mailing Address: 718 ARCH STREET, SUITE 400N, PHILADELPHIA, PA 19106



02092006 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number: 57-1220815 Applied For: Not Applicable
 5. Certificate of Status Desired: \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

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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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

Filing Fee is \$50.00 Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BALIN, KENNETH P 718 ARCH STREET SUITE 400N PHILADELPHIA, PA 19106
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WACHS, MICHAEL C 718 ARCH STREET SUITE 400N PHILADELPHIA, PA 19106
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STROUSE, ROBERT H 555 CROTON ROAD, SUITE 300 KING OF PRUSSIA, PA 19406
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SWIRSKY, BARRY S 555 CROTON ROAD, SUITE 300 KING OF PRUSSIA, PA 19406
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PETERSON, PAUL 555 CROTON ROAD, SUITE 300 KING OF PRUSSIA, PA 19406
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1110000453295
 03/14/06-80014-008 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  Date: 2/23/06 Daytime Phone #: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE