


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # M05000002902 1. Entity Name AMC DELANCEY HUDSON CAPITAL I, LLC	
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Principal Place of Business 718 ARCH STREET, SUITE 400N PHILADEPHIA, PA 19106	Mailing Address 718 ARCH STREET, SUITE 400N PHILADEPHIA, PA 19106
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DO NOT WRITE IN THIS SPACE



02232007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 57-1220815	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____

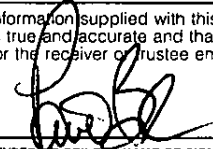
Filing Fee is \$50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BALIN, KENNETH P 718 ARCH STREET SUITE 400N PHILADEPHIA, PA 19106
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WACHS, MICHAEL C 718 ARCH STREET SUITE 400N PHILADEPHIA, 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	

U00000743689
 05/15/07-80120-001 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: 4/3/07 _____ DAYTIME PHONE # _____

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