


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2008 08:00 A
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 PHILADELPHIA, PA 19106	Mailing Address 718 ARCH STREET, SUITE 400N PHILADELPHIA, PA 19106
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DO NOT WRITE IN THIS SPACE



04152008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 57-1220815	Applied For <input type="checkbox"/> 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 _____

Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

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

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IN THIS SPACE

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: Christopher Parker 4/15/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #