


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # M05000003255 1. Entity Name AMC DELANCEY MAITLAND, LLC	
---	---

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

DO NOT WRITE IN THIS SPACE



02092006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 03-0562532	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

DO NOT WRITE IN THIS SPACE

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 _____

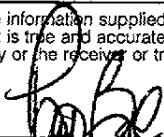
Filing Fee is \$50.00
Due by May 1, 2006

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

DO NOT WRITE IN THIS SPACE

1100000453294
03/14/06-80014-007 50.00

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:  2/23/06

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