

2004 LIMITED PARTNERSHIP ANNUAL REPORT*
Due By May 1, 2004

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 04 APR 19 PM 2:14

DOCUMENT # B01000000374

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



Principal Place of Business
 718 ARCH STREET, STE. 400 N
 PHILADELPHIA, PA 19106

Mailing Address
 C/O AMC DELANCEY GROUP, INC.
 718 ARCH STREET, SUITE 400N
 PHILADELPHIA, PA 19106



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04082004 Chg-LP CR2E003 (10/03)

4. FEI Number
 23-3094091

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
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

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

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

DATE

9. Capital Contributions as Shown on record. \$1,715,000.00

10. Amount of Capital Contributions in FLORIDA to date. \$2,095,000

11. 526.25 (fee)

* 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

DOCUMENT # B01000000373
 NAME AMC DELANCEY MIAMI LAKES ASSOCIATES, L.P.
 STREET ADDRESS 718 ARCH STREET, STE. 400 N
 CITY-ST-ZIP PHILADELPHIA, PA 19106

DOCUMENT # P01000079663
 NAME AQUILA MIAMI LAKES, INC.
 STREET ADDRESS 311 NORTH UNIVERSITY DRIVE, SUITE 175
 CITY-ST-ZIP CORAL SPRINGS, FL 33065

DOCUMENT #
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 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/15/04

Date

215-627-6500

Daytime Phone #

STAPLE CHECK HERE