

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

DOCUMENT # B01000000374	
1. Entity Name AMC DELANCEY MIAMI LAKES PARTNERS, L.P.	

FILED
05 APR 12 AM 11:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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
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2. Principal Place of Business C/O AMC Delancey Group, Inc.		3. Mailing Address	
Suite, Apt. #, etc. Same address		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01192005 Chg-LP CR2E003 (10/03)

4. FEI Number 23-3094091	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 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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7. Name and Address of New Registered Agent	
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$2,095,000.00	10. Amount of Capital Contributions in FLORIDA to date. \$2,535,000.	11. 526.25
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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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	B01000000373	STREET ADDRESS	
NAME	AMC DELANCEY MIAMI LAKES ASSOCIATES, L.P.	CITY-ST-ZIP	
STREET ADDRESS	718 ARCH STREET, STE. 400 N		
CITY-ST-ZIP	PHILADELPHIA, PA 19106		
DOCUMENT #	P01000079663	STREET ADDRESS	
NAME	AQUILA MIAMI LAKES, INC.	CITY-ST-ZIP	
STREET ADDRESS	311 NORTH UNIVERSITY DRIVE, SUITE 175		
CITY-ST-ZIP	CORAL SPRINGS, FL 33065		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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CITY-ST-ZIP			

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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:  1/25/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE