

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

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

DOCUMENT # B01000000374

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



Principal Place of Business
**718 ARCH STREET, STE. 400 N
C/O AMC DELANCEY GROUP, INC.
PHILADELPHIA, PA 19106**

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



02092006 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

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

**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 _____

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

DATE _____

**FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00**

**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 #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

0000000453067
03/14/06-80006-005 500.00

14. 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 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

Date

Daytime Phone #

2/28/06

STAPLE CHECK HERE