FILED

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DIVINION OF CORPORATIONS

## 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

## B01000000374 DOCUMENT #

1. Entity Name

Principal Place of Business

AMC DELANCEY MIAM! LAKES PARTNERS, L.P.



Mailing Address
C/O AMC DELANCEY GROUP, INC. FALLAHASSEE, FLORIDA 555 CROTON ROAD. SUITE 300 718 ARCH STREET. SUITE 400N CROTON ROAD CORPORATE CENTER KING OF PRUSSIA PA 19406 PHILADELPHIA PA 19106 2. Principal Place of Business 3. Mailing Address 718 Arch Street Suite, Apt. #, etc. Suite Apt #, etc. DUE BY SEPTEMBER 24, 2003 Suite 4001 Applied For City & State City & State 4. FEI Number 23-3094091 **A**ዋ Philadelphia Not Applicable /∠ip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 619106 みとい 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T'CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD **PLANTATION FL 33324** Zip Code City 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. Fam familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE 9. Capital Contributions 10. Amount of Capital Contributions \$1,715,000.00 SEE REVERSE SIDE FOR FEE INFORMATION in FLORIDA to date. 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. B01000000373 DOCUMENT # STREET ADDRESS 718 MOON AMC DELANCEY MIAMI LAKES ASSOCIATES, L.P. NAME 555 CROTON ROAD, SUITE 300 STREET ADDRESS CITY-ST-ZIP KING OF PRUSSIA PA 19406 Philadelphia SA CITY-ST-ZIP P01000079663 DOCUMENT # STREET ADDRESS AQUILA MIAMI LAKES, INC. NAME 311 NORTH UNIVERSITY DRIVE, SUITE 175 STREET ADDRESS CITY-ST-ZIP **CORAL SPRINGS FL 33065** CITY-ST-ZIP <u> 800021714138</u> 07/22/03--01016--002 \*\*526.25 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP\_ DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 I hereby certify that the

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SIGNATURE:

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NAME STREET ADDRESS

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