

2008 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2008

DOCUMENT # B05000000266

1. Entity Name
AMC DELANCEY MAITLAND ASSOCIATES, L.P.



FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAY -1 PM 1:28

Principal Place of Business
CT CORPORATION SYSTEM
1209 ORANGE STREET
WILMINGTON, DE 19801

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

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04152008

Chg-LP

CR2E003 (12/06)

4. FEI Number
APPLIED FOR

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

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, 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

13. ADDRESS CHANGES ONLY

DOCUMENT # M05000003255
NAME AMC DELANCEY MAITLAND, LLC
STREET ADDRESS 718 ARCH STREET, SUITE 400N
CITY-ST-ZIP PHILADELPHIA, PA 19106

STREET ADDRESS

CITY-ST-ZIP

500127246185
04/30/08--01011--002 **500.00

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STREET ADDRESS

CITY-ST-ZIP

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:

Christopher Parker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/15/08

Date

Daytime Phone #