

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 AUG -8 AM 10: 28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # B05000000292	
1. Entity Name AMC DELANCEY MAITLAND PARTNERS, L.P.	



Principal Place of Business C/O 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
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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

02232007 Chg-LP CR2E003 (12/06)

4. FEI Number APPLIED FOR	030562337	Applied For	Not Applicable
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5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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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	DATE
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FILE NOW!!! FEE IS \$500.00
After May 1, 2007, 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 # NAME STREET ADDRESS CITY-ST-ZIP	B05000000266 AMC DELANCEY MAITLAND ASSOCIATES, L.P. 718 ARCH STREET, SUITE 400N PHILADELPHIA, PA 19106	STREET ADDRESS CITY-ST-ZIP	5001 02403000 08/22/07--01009--005 **900.00
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	M05000003702 MAITLAND HOTEL ASSOCIATES, LLC 710 ROUTE 46 EAST, SUITE 102 FAIRFIELD, NJ 07004	STREET ADDRESS CITY-ST-ZIP	
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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:	Date: 4/3/07	Daytime Phone #
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STABLE CHECK HERE