

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

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

**DO NOT WRITE IN THIS SPACE**



04152008 No Chg-LP

CR2E003 (12/06)

4. FCI Number  
03-0562537

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

1000000000 DATE

04/30/03-80004-016 500.00

**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

DOCUMENT #	B05000000266
NAME	AMC DELANCEY MAITLAND ASSOCIATES, L.P.
STREET ADDRESS	718 ARCH STREET, SUITE 400N
CITY- ST- ZIP	PHILADELPHIA, PA 19106

DOCUMENT #	M05000003702
NAME	MAITLAND HOTEL ASSOCIATES, LLC
STREET ADDRESS	710 ROUTE 46 EAST, SUITE 102
CITY-ST ZIP	FAIRFIELD, NJ 07004

DOCUMENT #  
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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 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 # \_\_\_\_\_