

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0022641

DOCUMENT # M02000002336

1. Entity Name

AMC DELANCEY LAKES PLAZA, LLC



FILED

03 JUL 25 AM 8:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business

555 CROTON ROAD, SUITE 300
KING OF PRUSSIA PA 19406

Mailing Address

555 CROTON ROAD, SUITE 300
KING OF PRUSSIA PA 19406

2. Principal Place of Business

718 Arch Street

3. Mailing Address

718 Arch Street

Suite, Apt. #, etc.

Suite 400N

Suite, Apt. #, etc.

Suite 400N

City & State

Philadelphia, PA

City & State

Philadelphia, PA

4. FEI Number

APPLIED FOR
81-0568026

Applied For

Not Applicable

Zip

19106

Country

USA

Zip

19106

Country

USA

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WACHS, MICHAEL C 555 CROTON ROAD, SUITE 300 KING OF PRUSSIA PA 19406	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DWYER, TIMOTHY J 718 ARCH STREET, SUITE 400-N PHILADELPHIA PA 19108	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STROUSE, ROBERT H 718 ARCH STREET, SUITE 400-N PHILADELPHIA PA 19108	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR YAGLENSKI, JOHN F JR. 718 ARCH STREET, SUITE 400-N PHILADELPHIA PA 19108	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	718 Arch Street, Suite 400N Philadelphia, PA 19106	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	100021793711 07/25/03--01083--005	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

[Signature]

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

7/24/03 215-627-6500

Date

Daytime Phone #

CR2E083 (4/03)