

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M04000001373

1. Entity Name  
AMC DELANCEY SOUTHPPOINT, LLC



Principal Place of Business  
C/O AMC DELANCEY GROUP, INC.  
718 ARCH STREET SUITE 400N  
PHILADELPHIA, PA 19106

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

**FILED**  
**Apr 17, 2008 08:00 A**  
**Secretary of State**



04152008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-0886399

Applied For  
Not Applicable

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

**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. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U000000901882  
04/29/08-80086-011 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE	P
NAME	BALIN, KENNETH P
STREET ADDRESS	718 ARCH STREET, SUITE 400N
CITY-ST-ZIP	PHILADELPHIA, PA 19106

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IN THIS SPACE**

11. 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 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: Christopher Parker, VP  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #