

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M05000002898

**FILED**  
**Apr 30, 2006**  
**Secretary of State**

**Entity Name:** AMC DELANCEY HUDSON CAPITAL PROPERTIES GP I, LLC

**Current Principal Place of Business:**

999 WASHINGTON AVENUE  
MIAMI, FL 33139

**New Principal Place of Business:**

4770 BISCAYNE BLVD.  
400  
MIAMI, FL 33137

**Current Mailing Address:**

999 WASHINGTON AVENUE  
MIAMI, FL 33139

**New Mailing Address:**

4770 BISCAYNE BLVD.  
400  
MIAMI, FL 33137

**FEI Number:** 11-3750392

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

GALBUT, ABRAHAM A  
4770 BISCAYNE BLVD.  
400  
MIAMI, FL 33137 US

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.

SIGNATURE: ABRAHAM A GALBUT

04/30/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: AMC DELANCEY HUDSON, CAPITAL PARTER S I, LP  
Address: 999 WASHINGTON AVENUE  
City-St-Zip: MIAMI, FL 33319

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: AMC DELANCEY HUDSON, CAPITAL PARTER S I, LP  
Address: 4770 BISCAYNE BLVD. #400  
City-St-Zip: MIAMI, FL 33317

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ABRAHAM A GALBUT

P

04/30/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date