

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 02, 2006 08:00 AM
Secretary of State

DOCUMENT # M05000002902

1. Entity Name
AMC DELANCEY HUDSON CAPITAL I, LLC



Principal Place of Business
718 ARCH STREET, SUITE 400N
PHILADELPHIA, PA 19106

Mailing Address
718 ARCH STREET, SUITE 400N
PHILADELPHIA, PA 19106



02092006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
57-1220815

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

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
WACHS, MICHAEL C
718 ARCH STREET SUITE 400N
PHILADELPHIA, PA 19106

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
STROUSE, ROBERT H
555 CROTON ROAD, SUITE 300
KING OF PRUSSIA, PA 19406

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SWIRSKY, BARRY S
555 CROTON ROAD, SUITE 300
KING OF PRUSSIA, PA 19406

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
PETERSON, PAUL
555 CROTON ROAD, SUITE 300
KING OF PRUSSIA, PA 19406

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1101000453295
03/14/06-80014-008 50.00

**DO NOT WRITE
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:

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

2/23/06

Date

Daytime Phone #