

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2007 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



02232007 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, 2007**

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

U000000743689
05/15/07-80120-001 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

Date

Daytime Phone #

4/3/07