

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2008 08:00 A
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



04152008No Chg-LLC

CR2E083 (12/07)

4. FEI Number

57-1220815

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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

U000000901892

04/29/08-80086-015 138.75

9. MANAGING MEMBERS/MANAGERS

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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: *Christopher Parker*

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

Date *4/15/08*

Daytime Phone #