

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # M05000003255

1. Entity Name

AMC DELANCEY MAITLAND, LLC



Principal Place of Business

718 ARCH STREET, SUITE 400N
PHILADELPHIA, PA 19106

Mailing Address

718 ARCH STREET, SUITE 400N
PHILADELPHIA, PA 19106



02232007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

03-0562532

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000725049
05/03/07-80006-011 50.00

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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