2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2008 08:00 A
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

04152008 No Chg-LLC CR2E083 (12/07)

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

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

U00000901884
04/23/08-80086-012 138.75

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	

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: Ch Pl VP Christopher Parker 4/15/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #