



# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 17, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # M06000001382	
1. Entity Name AMC DELANCEY HC DOLPHIN REEF I, LLC	

Principal Place of Business 718 ARCH STREET, SUITE 400N PHILADELPHIA, PA 19106	Mailing Address 718 ARCH STREET, SUITE 400N PHILADELPHIA, PA 19106
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DO NOT WRITE IN THIS SPACE

	
04152008No Chg-LLC	CR2E083 (12/07)
4. FEI Number 20-4304126	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> 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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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U00000901890  
 04/29/08-80086-014 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BALIN, KENNETH P 718 ARCH STREET, SUITE 400N PHILADELPHIA, PA 19106
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WACHS, MICHAEL C 718 ARCH STREET, SUITE 400N PHILADELPHIA, PA 19106
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STROUSE, ROBERT H 555 CRONTON ROAD, SUITE 300 KING OF PRUSSIA, PA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SWIRSKY, BARRY S 555 CRONTON ROAD, SUITE 300 KING OF PRUSSIA, PA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Christopher Parker, VP *Christopher Parker* 4/15/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #