

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B00000000136

1. Entity Name

SMCLP LTD.

Principal Place of Business

657 WILMINGTON PIKE
GLEN MILLS PA 19342

Mailing Address

657 WILMINGTON PIKE
GLEN MILLS PA 19342

2. Principal Place of Business

657 Wilmington Pike

3. Mailing Address

657 Wilmington Pike

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Glen Mills PA

City & State

Glen Mills PA

Zip

19342

Country

Delaware

Zip

19342

Country

Delaware

4. FEI Number

23-3003988

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$0.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # F00000002181
NAME AVONWOOD CAPITAL CORPORATION
STREET ADDRESS 532 AVONWOOD ROAD
CITY-ST-ZIP HAVERFORD PA 19041

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

James W Porter JR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

James W Porter JR 2/1/01 610 558 2720

Date

Daytime Phone #

FILED

01 SEP 26 PM 4:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR25003 (11/00)