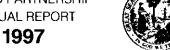
## FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT





Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # **A33198** 

SECURITY NATIONAL #6, A LIMITED PARTNERSHIP

an-br

FILED

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SEURCTARY OF STATE TALLAHASSEE, FLORIDA



|   | CW  |  | M           |   |  |  |
|---|---|--|-------------|---|--|--|
| Adding Address  C/O DUN & MARTINEK//ATN: ROBERTA ALLISTON P.O. BOX 1266 EUREKA CA 95501   | Principal Office Address  SECURITY NATIONAL  11911 JUSTICE AVENUE  BATON ROUGE LA 70816 |  |             | Date Formed or Registered     07/17/1992     3a. Date of Last Report          | 5a. Capital Contributions as Shown on record \$10,000.00 |  |
| EUNERO ON SOOT  |   |  |             | 01/23/1996 4. State or Country of Formation                                   |  | 5b. Amount of Capital<br>Cortr butions in FLORIDA<br>to gate |
| 2. Mailing Address SECURITY NATIONAL #6   | 2a. Principal Office Address  |  |             | AK  | -0-  |  |
| Suite, Apt. #, etc.<br>P. O. BOX 35   | Suite, Apt. #, etc.  City & State   |  |             |   |  | Applied For Not Applicable                                   |
| City & State  EUREKA, CA  |   |  |             | 7. Certificate of Status Desired \$8.75 Ac Fec Requ                           |  | \$8.75 Additional<br>Fee Required                            |
| Zip Country<br>95502 USA  | Zip   | Zip Country  |             | 8. Make check payable to Dept. of State (See reverse side for fee information |  |  |
| 9. Name and Address of Curren   | t Registered Agent  |  |             | 10. If changed new Registers  | d Agent/Office   |  |
| THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS ST STE 105 TALLAHASSEE FL 32301  |   | Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. # etc. |             |   |  |  |
| 10a. Pursuant to the provisions of sections 620 1051 ar for the purpose of changing its registered office or agent. Farm familiar with, and accept the obligation SIGNATURE (Registered Agent Accepting Appointment) _ A GENERAL PARTNER THAT | registered agent, or both, in the State of<br>is of section 620 192, Florida Statutes   | Florida Such chan  | ge was auth | onzed by its general partner(s). Ther   | eby accept the   | appointment of registere                                     |
| MUS   | T BE REGISTERED A   | IND ACTIV  | E WIT       | H THIS OFFICE.  |  | Registration/  |
| 11. Name(s) of General Partner(s)   | Address of Each General Partner (Do NOT Use Post Office Box Numbers)                    |  | 11b.        | City State & Zip Code   | 11c.   | Document Number  |
| MCKINLEYVILLE INVESTMENTS, I  | 341 W. TUDOR, SUN   | TE 2   | AN          |   | 0)01616<br>/96~-01                                       | 39624<br>52:9  |
| Note: General partners MAY NO   | T be changed on this fo   | orm; an ame  | endmer      | nt must be filed to ch  | ange a g   | eneral partner   |

1. It do hereby certify that the information supplied with this fining is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes: I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under each if further certify that I am a General Partner of the I mitted pertnership receiver or trusted empowered to execute this report is required by chartel 620, for distributes.

SIGNATURE -

Typed or Printed Name of General Partner Signing Form

ROBIN . ARKLEY II, PRESIDENT

DATE 9/23/96

Daytime Telephone Number (707) 442-3791

CR2E003 (6/96