

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



LIMITED PARTNERSHIP
ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra Morham
Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT #
B93000000442

SECURITY NATIONAL PARTNERS, LIMITED PARTNERSHIP

97-AR
CM



Mailing Address

C/O DJN & MARTINEK//ATTN: ROBERTA ALISTON
P.O. BOX 1266
EUREKA CA 95501

Principal Office Address

SECURITY NATIONAL
11911 JUSTICE AVENUE
BATON ROUGE LA 70816

3. Date Formed or Registered

10/20/1993

5a. Capital Contributions as Shown on record

\$0.00

3a. Date of Last Report

01/23/1996

5b. Amount of Capital Contributions in Florida to date

-0-

4. State or Country of Formation

DE

6. FEI Number

92-0146796

Applied For
 Not Applicable

7. Certificate of Status Desired

\$8.75 Additional Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

2. Mailing Address

SECURITY NATIONAL PARTNERS

Suite, Apt. #, etc.
P. O. BOX 35

City & State
EUREKA, CA

Zip Country
95502 USA

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip Country

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST.
SUITE 105
TALLAHASSEE FL 32301

10. If changed, new Registered Agent/Office

Name

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

Suite, Apt. #, etc.

City

FL

Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)

SECURITY NATIONAL INVESTMENT

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

341 WEST TUDOR, SUITE

11b. City, State & Zip Code

ANCHORAGE AK 99504

11c. Registration Document Number

F93000004744

100002006641--0
-11/18/96--01005--019
****191.25 ****191.25

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing 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 oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

Robin P. Arkley II

DATE

9/23/96

Typed or Printed Name of General Partner Signing Form

ROBIN P. ARKLEY II, PRESIDENT

Daytime Telephone Number (707)442-3791

CR2E003 (6/96)