

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 OCT 24 AM 10:45



1. Name of Limited Partnership

1a. DOCUMENT #
B93000000442

SECURITY NATIONAL PARTNERS, LIMITED PARTNERSHIP

Mailing Address

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

Principal Office Address

SECURITY NATIONAL
11811 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

11/07/1996

5b. Amount of Capital Contributions in FLORIDA to date:

4. State or Country of Formation

DE

2. Mailing Address
Security National

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

Suite, Apt. #, etc.

P.O. Box 35

City & State

Eureka, CA

Zip

Country

95501

US

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)

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

F83000004744

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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 effect 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

DATE

10/15/97

Typed or Printed Name of General Partner Signing Form By: **Robin P. Arkley II, President** Daytime Telephone Number **(707) 442-2818**

CFR2E003 (6/97)