

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B93000000442
 1. Entity Name
SECURITY NATIONAL PARTNERS, LIMITED PARTNERSHIP

Principal Place of Business: **323 FIFTH STREET**
 Mailing Address: **323 FIFTH STREET**
10/20/93

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 00 JUL -5 PM 4: 20

2. Principal Place of Business: **323 FIFTH STREET**
 Suite, Apt. #, etc.

3. Mailing Address: **323 FIFTH STREET**
 Suite, Apt. #, etc.

City & State: **EUREKA, CA 95501**

4. FEI Number: **92-0146796**

DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET, SUITE 105
TALLAHASSEE, FL 32301

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: _____ (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 #	100000001240
NAME	SECURITY NATIONAL NEWCO, LLC
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

141.25
150.00
535.00

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	323 FIFTH STREET
CITY-ST-ZIP	EUREKA, CA 95501
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	600003324016-3
CITY-ST-ZIP	-07/17/00--01013--001
STREET ADDRESS	****141.25 ****141.25
CITY-ST-ZIP	<i>37C</i>
STREET ADDRESS	<i>715</i>
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: *Robin P. Arkley II* **ROBIN P. ARKLEY II, PRESIDENT**

Date: **6/5/00** Daytime Phone #: **(707) 442-2818**

CRZE003 (9/99)