

# 2002 UNIFORM BUSINESS REPORT (UBR)

0020648 AB

**DOCUMENT # B93000000442**

1. Entity Name  
**SECURITY NATIONAL PARTNERS, LIMITED PARTNERSHIP**

FILED  
02 JAN 23 PM 12: 51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business      Mailing Address  
**323 FIFTH STREET      323 FIFTH STREET**  
**EUREKA CA 95501      EUREKA CA 95501**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

**DUE BY MAY 1, 2002**

4. FEI Number **92-0146796**      Applied For  
Not Applicable

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 ST.**  
**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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 # NAME STREET ADDRESS CITY - ST - ZIP	<b>M00000001240 SECURITY NATIONAL NEWCO, LLC 323 FIFTH STREET EUREKA CA 95501</b>
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	<b>7000004832097--5 -01/29/02--01001--003 ***141.25 ***141.25</b>
CITY - ST - ZIP	
STREET ADDRESS	
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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: **SIGNATURE REQUIRED** *Allen Cruskal*      1-17-02      800-603-0836

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #

CR2E003 (9/01)