## FILE ON OR REFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT.

. TO REVOCATION	AND \$500 PENALTY FEE		¬		
LIMITED PARTNERSHIP ANNUAL REPORT 1998	Sandra B. Secretary	TMENT OF STATE  . Mortham  y of State  ORPORATIONS	SECRETARY OF STATE DIVISION OF CORPORATIONS		
1. Name of Limited Partnership	1a. DOCUM <b>A12509</b>			98 MAR 16 PM 2: 16	
187TH STREET HOUSING LIMIT	ED PARTNERSHIP				
Maing Address 12100 Wilshire Blvd. Suite 1400 Los Angeles, CA 90025	Principal Office Address 12100 Wilshire Blvd. Suite 1400 Los Angeles, CA 90025		3. Date Formed or Registered 05/14/1982  38. Date of Last Report 12/23/96	58. Capital Contributions as Shown on record. \$626,068.00  5b. Amount of Capital Contributions in FLORIDA	
2. Mailing Address	2a, Principal Office Address	28, Principal Office Address		Contributions in FLORIDA to date:	
Suite, Apt #, etc  City & State	Suite, Apt. #. etc.	Suite, Apt. #. etc. City & State		Applied For Not Applicable	
Zip Country	7ip	Country	7. Certificate of Status Desired     8. Make check payable to: Dept. or	\$8.75 Additional Fee Required (See reverse side for fee information)	
9. Name and Address of Curre	ent Registered Agent		10. If changed, new Registere	nd Agent/Office	
<b>9.</b> 11.11.11.11.11.11.11.11.11.11.11.11.11.		Name Mr. P. Conde			
		Street Address (P.O. Box Number Is Not Acceptable)  c/o Carib Management			
		Suite, Apt. #, etc <b>840</b> 5	5 NW 53rd St, Suite	e B115	
		City Mian	ni	FL 233166	
10a. Pursuant to the provisions of sections 620 1051 a for the purpose of changing its registered office agent. I am familiar with and accept the obligation	or registored agent, or both, in the State of Fic ons of section 620-192 Fronda Statulos.	orida. Such change was a		reby accept the appointment of registered	
A GENERAL PARTNER THAT  MUS		LIMITED PAR	TNERSHIP OR OTHE		
11. Name(s) of General Partner(s)	11a. Address of Each General (Dci NOT Use Post Office B	al Pariner ox Numbers) 11b.	City, State & Zip Code	11c. Registration/ Document Number	
Wilshire Investments Corp.	12100 Wilshire	Blvd. Los	Angeles, CA 90025	P04497	
			50000; -03/1 ****	2462595—1 19/98-01111/F-008 1541.25	
Note: General partners MAY NO	T be changed on this form	n; an amendm	ent must be filed to cha	ange a general partner.	

12. I do hereby certify that the information supplied with this fring is votuntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. Frelease 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. Further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same logal 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 supplied 620. Florida Statutes

SIGNATURE \_

Typed or Printed Name of General Partner & groung form Patrick O. Quinn - VPA Wishire Interment Coppylime Telephone Number 310/207-0704