

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

mailed 2/1/99

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 FEB -4 PM 4:51

LIMITED PARTNERSHIP ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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1. Name of Limited Partnership 187TH ST. HOUSING LIMITED PARTNERSHIP	1a. DOCUMENT # A12509
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Mailing 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	5a. Capital Contributions as Shown on record. \$626,068.00
2. Mailing Address		3a. Date of Last Report 03/16/1998	
2a. Principal Office Address		4. State or Country of Formation FL	
Suite, Apt. #, etc.		6. FEI Number 58-1619711	
City & State		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip Country		7. Certificate of Status Desired <input type="checkbox"/> \$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 CONDE, P. C/O CARIB MANAGEMENT 8405 NW 53RD STREET, SUITE B115 MIAMI FL 33166	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
WILSHIRE INVESTMENTS COR	12100 WILSHIRE BLVD	LOS ANGELES CA	P04497
800002769418 0 -02/08/99--01055--020 ****526.25 ****526.25			
52 2-1-99			

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  DATE 1-19-99

Wilshire Investments Corporation, General Partner

By: **Patrick D. Quinn, Vice President**

CR2E003 (8/98)