

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # A12509**

1. Entity Name  
**187TH ST. HOUSING LIMITED PARTNERSHIP**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 AUG -7 AM 10: 02




DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**12100 WILSHIRE BLVD.  
SUITE 1400  
LOS ANGELES CA 90025**

Mailing Address  
**12100 WILSHIRE BLVD.  
SUITE 1400  
LOS ANGELES CA 90025-7107**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number **58-1619711** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**CONDE, P.  
C/O CARIB MANAGEMENT  
8405 NW 53RD STREET, SUITE B115  
MIAMI FL 33166**

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

9. Capital Contributions as Shown on record. **\$626,068.00**

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>P04497 WILSHIRE INVESTMENTS COR 12100 WILSHIRE BLVD LOS ANGELES CA</b>
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS CITY - ST - ZIP	<b>200003357892--1 -08/15/00--01054--011 ****376.25 ****376.25</b>
STREET ADDRESS CITY - ST - ZIP	<b>200003357892--1 -08/15/00--01054--012 ****150.00 ****150.00</b>
STREET ADDRESS 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

By: **Wilshire Investments Corporation, General Partner**

SIGNATURE: *Suzanne Magnuson* **SIGNATURE REQUIRED** By: **Suzanne Magnuson** 4-28-00 (310) 207-0704  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER SECRETARY Date Daytime Phone #

CR2E003 (9/99)