DOCUMENT # A12509  1. Entity Name										
187TH ST. HOUSING LIMITED PARTNERSHIP						FILE	0			
Principal Place of Business 12100 WILSHIRE BLVD. SUITE 1400 LOS ANGELES CA 90025			12100 V Suite 1	Mailing Address 01 12100 WILSHIRE BLVD. SUITE 1400 S LOS ANGELES CA 90025		APR 30 CRETARY (O LLAHASSEE	F.STATE FLORIDA			I
Principal Place of Business     Address     Address							<u>-</u> 			EL BUBIT BEBEL DIBIE EBUS
Suite, Apt. #, etc.				Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State			City 8	City & State  Zip Cour			<b>58-1619711</b> Not App		Applied For Not Applicable	
Zip	Zip Country			Agent Country		try		of Status Desired	Fee	<b>75</b> Additional Required
CONDE, P. C/O CARIB MANAGEMENT  8405 NW 53RD STREET, SUITE B115 MIAMI FL 33166  8. The above named entity submits this statement for the purpose of changing it:					Douglas H. Reynolds, P.A.  Street Address (P.O. Box Number is Not Acceptable) 4875 North Federal Highway  Southtrust Bank Building  City Fort Lauderdale  registered office or registered agent, or both, in the State of Florida.					
SIGNATURE Signature: Typed or printed hame of registered agent and title if applicable. (NO © Registered Agent signature required when reinstating)  DATE										
9. Capital Contributions as Shown on record.  10. Amount of Capi al Contributions in FLORIDA to cate.  11. MAKE CHECK PAYABLE TO DEPT. OF STATE IN SEE REVERSE SIDE FOR FEE INFORMATION										
A GENERAL PARTNER THAT IS A BUSINESS ELITITY 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.  ADDRESS CHANGES ONLY										
NAME STREET ADDRESS	P04497 WILSHIRE INVESTMENTS COR s 12100 WILSHIRE BLVD LOS ANGELES CA			TION		EET ADDRESS -ST-ZIP				
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP						-ST-ZIP		05/17/ -05/17/ ****52	7010101 7010101 76.95 **	310
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STREET ADDRESS CITY-ST-ZIP					CITY	-ST-ZIP				
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP					CITY	EET ADDRESS	· ***			
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 Vivestments Corporation, General Partner  SIGNATURE:  By: Jay Wall Property Print of Signing General Partner  Date Dayline Priore #										