2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

FILED May 11, 2005 08:00 AN Secretary of State

DOCUMENT # A12509 1. Entity Name 187TH ST. HOUSING LIMITED PARTNERSHIP						Secretary of State			
Principal Place of Business 12100 WILSHIRE BLVD. SUITE 1400 LOS ANGELES, CA 90025 Maiting Address 12100 WILSHIR SUITE 1400 LOS ANGELES, CA 90025						(# # ##################################	1744 1100k 1 1111 1 0010 141	ANDRI ALBIN ALBIN BUKK ANDRI ARDINDU DI HABI	
2. Principal Place of Business 3.			3. Mailing Address						
Suite, Apt. #, etc.			Sulte. Apt. #, etc.			04212005	Chg-LP	CR2E003 (10/03)	
City & State			City & State		4. FEI Number 58-1619		Applied For Not Applicable		
Zip			Zip	Country			of Status Desired	\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name				
DOUGLAS H. REYNOLDS, P.A. 4875 NORTH DEDERAL HIGHWAY, 10TH FLOOR SOUTHTRUST BANK BUILDING						Address (P.O. Box Number is Not Acceptable)			
FORT LAUDERDALE, FL 33308					City	 		Zip Code	
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. I am familiar with, a the obligations of registered agent.									
SIGNATURE Signature, typod or printed name of registered agent and title if applicable. DATE									
Capital Contributions as Shown on record. S626,068.00 10. Amount of Capital Contributions in FLORIDA to date.									
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							ADDRESS CHA	INGES ONLY	
Dogument ≠ Rame	P04497 WILSHIRE INVESTMENTS COR			SIRE	ET AODRESS				
STREET ADDRESS CITY-ST-ZIP	12100 WII	LSHIRE BLVD ELES, CA	cr		-ST-ZiP				
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14. I hereby certify that the information adoptied with this filing does not qualify for the exemption stated in Section 119,07(3)(i), Forlda 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 cath; 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.									