


**2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005**

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

| | | | | | |
|---|--------------------------|-----|--|---|----------|
| DOCUMENT # A12509 | | | |  | |
| 1. Entity Name 187TH ST. HOUSING LIMITED PARTNERSHIP | | | | | |
| Principal Place of Business 12100 WILSHIRE BLVD. SUITE 1400 LOS ANGELES, CA 90025 | | | Mailing Address 12100 WILSHIRE BLVD. SUITE 1400 LOS ANGELES, CA 90025 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number 58-1619711 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| DOUGLAS H. REYNOLDS, P.A. 4875 NORTH FEDERAL HIGHWAY, 10TH FLOOR SOUTHTRUST BANK BUILDING FORT LAUDERDALE, FL 33308 | | | | 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | | |
| 9. Capital Contributions as Shown on record. \$626,068.00 | | | 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 | | | | 13. ADDRESS CHANGES ONLY | |
| DOCUMENT # | P04497 | | | STREET ADDRESS | |
| NAME | WILSHIRE INVESTMENTS COR | | | CITY - ST - ZIP | |
| STREET ADDRESS | 12100 WILSHIRE BLVD | | | | |
| CITY - ST - ZIP | LOS ANGELES, CA | | | | |
| DOCUMENT # | | | | STREET ADDRESS | |
| NAME | | | | CITY - ST - ZIP | |
| STREET ADDRESS | | | | | |
| CITY - ST - ZIP | | | | | |
| DOCUMENT # | | | | STREET ADDRESS | |
| NAME | | | | CITY - ST - ZIP | |
| STREET ADDRESS | | | | | |
| CITY - ST - ZIP | | | | | |
| DOCUMENT # | | | | STREET ADDRESS | |
| NAME | | | | CITY - ST - ZIP | |
| STREET ADDRESS | | | | | |
| CITY - ST - ZIP | | | | | |
| DOCUMENT # | | | | STREET ADDRESS | |
| NAME | | | | 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 19.07(3)(c), 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. | | | | | |
| SIGNATURE: _____ | | | | Date _____ | |
| Wilshire Investments Corporation Jay Wall, Vice President | | | | 4/22/05 (30) 254-3028 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER | | | | Daytime Phone # | |



04212005 Chg-LP CR2E003 (10/03)

STAPLE CHECK HERE