


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

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	1a. DOCUMENT # A13710
MARLIN HOUSING LIMITED PARTNERSHIP	

Mailing Address 12100 WILSHIRE BLVD. SUITE 1400 LOS ANGELES CA 90025	Principal Office Address 12100 WILSHIRE BLVD. SUITE 1400 LOS ANGELES CA 90025
2. Mailing Address	2a. Principal Office Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

FILED
99 FEB 19 PM 2:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



3. Date Formed or Registered 12/29/1982	5a. Capital Contributions as Shown on record \$1,836,860.00
3a. Date of Last Report 03/16/1998	5b. Amount of Capital Contributions in FLORIDA to date
4. State or Country of Formation FL	
6. FEI Number 95-3792549	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
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
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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) WILSHIRE INVESTMENTS COR	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 12100 WILSHIRE BLVD.	11b. City, State & Zip Code LOS ANGELES CA	11c. Registration/ Document Number P04497
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SC
2-24-99

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 1-15-99
Wilshire Investments Corporation, General Partner
Typed or Printed Name of General Partner Signing Form By: Patrick D. Quinn, Vice President Time Telephone Number _____

CR2E003 (8/98)