2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

Wilshire Investments Corporation

SIGNATURE: Jay Wall, Vice President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GE

STAPLE CHECK HERE

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

DOCUMENT # A13710 1. Entity Name MARLIN HOUSING LIMITED PARTNERSHIP						Secretary of State		
Principal Place 12100 WILS SUITE 1400 LOS ANGELE	HIRE BLVD.		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.		04212005	Chg-LP	CR2E003 (10/03)	
City & State			City & State		4. FEI Number 95-3792	549	Applied For Not Applicable	
Zīp			Zip	Country			f 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 FEDERAL HIGHWAY SOUTHTRUST BANK BUILDING					Street Address (P.O. Box Number is Not Acceptable)			
		K BUILDING E, FL 33308						
					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 Signature, typed or printed name of registered agent and title it applicable DATE								
9. Capital Co as Shown		\$1,836,860.00	10. Amount of Capit in FLORIDA to d		outions			
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 PARTNE		13.			ADDRESS CHA	
DGCUMENT # NAME STREET ADDRESS		E INVESTMENTS COF LSHIRE BLVD.			EET ADDRESS			
CITY-ST-ZIP	,	ELES, CA		CITY	-ST-ZIP			
DOCUMENT # NAME				STRE	ET ADDRESS	· · · · · · · · · · · · · · · · · · ·		
STREET ADDRESS CITY-ST-ZIP				CITY	-ST-ZIP		000000 05/11/05	1365567 -80006-023 526,25
DOCUMENT # NAME				STRE	ET ADORESS			
STREET ADDRESS CITY-ST-ZIP				CITY	-SY-ZIP			
DOCUMENT # NAME				STRE	ET ADDRESS			
STREET ADDRESS CITY+ST-ZIP					-ST-ZIP			
DOCUMENT # NAME				STRE	ET ADDRESS			
STREET ADDRESS CITY-ST-ZIP				CITY	-ST-ZIP			
DOCUMENT # NAME				STRE	ET ADDRESS			
STREET ADDRESS CITY-ST-ZIP					-Sr-ZIP			
14. It hereby certify that the information supplied with this filling 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 62b, Flyrida Statutes								