

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

**FILED
Mar 14, 2002 8:00 am
Secretary of State**

03-14-2002 90331 021 ***150.00

DOCUMENT # 728877
1. Entity Name
Palm Beach White House Association No.,4, Inc.

420230

DO NOT WRITE IN THIS SPACE

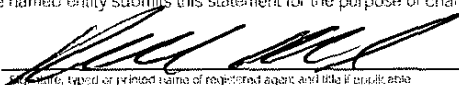
2. Principal Place of Business 2560 S. Ocean Drive Suite, Apt. #, etc.	3. Mailing Address 3675 SSW. 24 Street Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State Palm Beach, FL 33480	City & State Miami, FL 33145	4. FEI Number 59-1160731	Applied For Not Applicable
Zip 33480	Country USA	Zip 33145	Country USA
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent		
	Name Karl M. Sachs, CPA		
	Street Address (P.O. Box Number is Not Acceptable) 3675 S.W. 24 Street		
	City Miami	FL	Zip Code 33145

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.

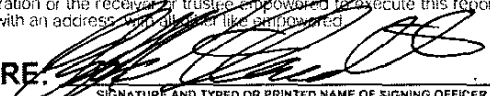
SIGNATURE  DATE **2/14/02**

(NOTE: Registered Agent signatures required when registering)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Přešident/Director Joan S. Dunphy 34 Church Street c/o New Horizon Liberty Corner NJ 07938	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-Sec./Treas/Director Raphael Steinhardt 2121 N.E. 190 Terr. N. Miami Beach, FL 33179	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address that is not like employed.

SIGNATURE  **RAHAHEL STEI-HARDT** Date **2/19/02** Daytona Phone # **305-354-8761**

CR2E034B (12/01)