T950000001872

Requestor's Name
LEXIS DOCUMENT SERVICES

Address
TALLAHASSEE FL

City/State/Zip Phone #

600001659806
-12/12/95--01026--004
*****61.25 *****61.25

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. NHP AFFORDABLE HOUSING PARTNERS 4 LIMITED PARTNERSHIP
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☐ Walk in ☐ Pick up time _____ ☒ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy ☒ Certificate of Status

	NEW FILINGS
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

	AMENDMENTS
	Amendment
	Resignation of R.A., Officer/ Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

	OTHER FILINGS
	Annual Report
	Fictitious Name
	Name Reservation

	REGISTRATION/QUALIFICATION
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

D. TAX CUS 8.75
FILING _____
R. AGENT FEE _____
C. COPY 52.50
TOTAL 61.25
N. BANK _____
BALANCE DUE _____
REFUND _____

CR2E031(1/95)

Examiner's Initials	MK

148.75

FCA0000000005

Lexis Document Services

Requestor's Name

P.O. Box 2316

Address

Springfield IL 62708

City/State/Zip Phone #

A95000001872

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. NHP Affordable Housing Partners 4 Limited Partnership
(Corporation Name) (Document #)

2. _____ 200001654622
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 DEC -5 PM 4:09

RECEIVED
95 DEC -6 AM 11:56
DIVISION OF CORPORATION

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DIVISION OF CORPORATIONS
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	NEW FILINGS
	Profit
	NonProfit
	Limited Liability
	Domestication
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	AMENDMENTS
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	Annual Report
	Fictitious Name
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	REGISTRATION/ QUALIFICATION
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

12/6/95

Examiner's Initials	BJL

CR2E031(1/95)

CERTIFICATE OF LIMITED PARTNERSHIP OF

1. NHP Affordable Housing Partners 4 Limited Partnership
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")

2. 1675 Palm Beach Lakes Boulevard, The Forum, Suite 1002, West Palm Beach, FL 33401
(Business address of Limited Partnership)

3. Lexis Document Services, Inc.
(Name of Registered Agent for Service of Process)

4. 3953 W.W. KELLEY ROAD, TALLAHASSEE, FL 32311
(Florida street address for Registered Agent)

5. Cynthia L. Woodyard
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)

6. 1675 Palm Beach Lakes Boulevard, The Forum, Suite 1002, West Palm Beach, FL 33401
(Mailing Address of the Limited Partnership).

7. The latest date upon which the Limited Partnership is to be dissolved is December 31, 2045.

8. Name of general partner(s):

Name of general partner(s):	Specific address:
Berkeley Federal Bank & Trust FSB	1675 Palm Beach Lakes Boulevard, The Forum Suite 1002, West Palm Beach, FL 33401

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 DEC -6 PM 4:09

Signed this 5th *day of* December, *19* 95.

Signature of all general partners:

Berkeley Federal Bank & Trust FSB
General Partner
By: Mary L. Mayer
VICE PRESIDENT

General Partner

General Partner

General Partner

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

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DIVISION OF CORPORATIONS
95 DEC -6 PM 4:09

The undersigned constituting all of the general partners of

NHP Affordable Housing Partners 4 Limited Partnership, *a Florida Limited Partnership, certify:*

The amount of capital contributions to date of the limited partners is $ -0-.

The total amount contributed and anticipated to be contributed by the limited partners at this time totals $ 100.00.

FURTHER AFFIANT SAYETH NOT.

Under the penalties of perjury I (we) declare that I (we) have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Berkeley Federal Bank & Trust FSB
General Partner

By: Mary L. Mayer
VICE PRESIDENT

General Partner

General Partner

General Partner

This 5th day of December, 19 95.

FILE ON OR BEFORE APRIL 5, 1996 TO AVOID REVOCATION AND $500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 FEB 28 AM 10:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Name of Limited Partnership

NHP AFFORDABLE HOUSING PARTNERS 4 LIMITED PARTNERSHIP

1a. DOCUMENT # **A95000001872**

2. New Mailing Address, if Applicable

Suite, Apt. #, etc.

City, State & Zip

Mailing Address
THE FORUM
1675 PALM BEACH LAKES BLVD., SUITE 1002
WEST PALM BEACH FL 33401

Principal Office Address
THE FORUM
1675 PALM BEACH LAKES BLVD., SUITE 1002
WEST PALM BEACH FL 33401

500001729095
-03/01/96--01034--020
****191.25 ****191.25

2a. New Principal Office Address, if Applicable

Suite, Apt. #, etc.

City, State & Zip

If above addresses are incorrect in any way, line through the incorrect information and enter correct address in Block 2 and/or 2a.

3. Date Formed or Registered to Do Business in FLORIDA	3a. Date of Last Report	4. State or Country of Formation
12/08/1995		FL

5a. Capital Contributions as Shown on Record:	5b. Amount of Capital Contributions in FLORIDA to date:	6. FEI Number	Applied For / Not Applicable	7. CERTIFICATE OF STATUS REQUIRED
$100.00	$100.00	65-0625677		[redacted] ☐

8. **FEES:** 1.) Filing Fee: Computed at a rate of $7 per $1,000 on amount entered in 5b or 5a if 5b blank, with a minimum filing fee of $52.50 and a maximum of $437.50
2.) Supplemental Fee: $138.75 (pursuant to section 607.193, F.S.)
THE AMOUNT DUE SHALL BE NO LESS THAN $191.25 ($52.50 + $138.75) AND NO MORE THAN $576.25 ($437.50 + $138.75)
Note: If the amount entered in 5b is greater than amount entered in 5a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.
MAKE CHECK PAYABLE TO FLORIDA DEPT. OF STATE.

2/29

9. Name and Address of Current Registered Agent	10. If changed, new Registered Agent/Office
LEXIS DOCUMENT SERVICES INC. 3053 W.W. KELLEY ROAD TALLAHASSEE FL 32311	Name: JOHN R. ERBEY Street Address (P.O. Box Number is Not Acceptable): 1675 PALM BEACH LAKES BLVD. Suite, Apt. #, etc.: SUITE 1002 City: WEST PALM BEACH FL Zip Code: 33401

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 2/20/96

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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
BERKELEY FEDERAL BANK & TRUS	1675 PALM BEACH LAKES	WEST PALM BEACH FL 33	BERKELEY FEDERAL BANK & TRUST IS A FEDERALLY CHARTERED SAVINGS BANK INCORPORATED UNDER THE LAWS OF THE UNITED STATES OF AMERICA AND THEREFORE DOES NOT NEED TO BE RESISTERED AS A GENERAL PARTNER IN THE STATE OF FL

CR2E003 (11/95)

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 Stephen C. Wilhoit. DATE 2/20/96

Typed or Printed Name of General Partner Signing Form: STEPHEN C. WILHOIT, SR. VICE PRESIDENT

Telephone Number _____

0001009