


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0001065 AT

DOCUMENT # A95000001872

1. Entity Name
**NHP AFFORDABLE HOUSING PARTNERS 4 LIMITED PARTNE
RSHIP**



FILED

03 SEP 24 AM 10:11

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

Principal Place of Business THE FORUM 1675 PALM BEACH LAKES BLVD., SUITE 1002 WEST PALM BEACH FL 33401	Mailing Address THE FORUM 1675 PALM BEACH LAKES BLVD., SUITE 1002 WEST PALM BEACH FL 33401
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9/24

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DUE BY SEPTEMBER 24, 2003

4. FEI Number 65-0625677	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

JOHN R. ERBEY
 1675 PALM BEACH LAKES BLVD.
 SUITE 1002
 WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

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 _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$6,412,066.50	10. Amount of Capital Contributions in FLORIDA to date. 6,412,066.50
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11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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	
DOCUMENT #	
NAME	OCWEN FEDERAL BANK FSB
STREET ADDRESS	1675 PALM BEACH LAKES BLVD., SUITE 1002
CITY-ST-ZIP	WEST PALM BEACH FL 33401
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	900023543569
CITY-ST-ZIP	10203/03--01045--014 **926 25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E003 (4/03)

14. 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 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: *Mark J. Nichols* **Signature Required** Mark J. Nichols 9/24/03 561-682-8000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #