

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Apr 26, 2005 08:00 AM
Secretary of State

DOCUMENT # A24719 1. Entity Name N.S.I. INCOME FUND II - WESTWINDS APARTMENTS LIMITED PARTNERSHIP					
Principal Place of Business 5215 S. WESTSHORE BLVD. #29 TAMPA, FL 33611			Mailing Address 5215 S. WESTSHORE BLVD. #29 TAMPA, FL 33611		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 31-1205639	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent POSTON, WILLIAM G C/O NSI MANAGEMENT, INC. 5215 S. WESTSHORE BLVD. #29 TAMPA, FL 33611				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State 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 _____ <small>Signature typed or printed name of registered agent and title, if applicable.</small>					
9. Capital Contributions as Shown on record. \$1,108,800.00			10. Amount of Capital Contributions in FLORIDA to date.		
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			13. ADDRESS CHANGES ONLY		
DOCUMENT #	NAME		STREET ADDRESS	CITY - ST - ZIP	
NAME	O'NEILL, PATRICK J.		CITY - ST - ZIP	000000331479	
STREET ADDRESS	26657 WOODWARD AVE., STE. 100		CITY - ST - ZIP	04/26/05-90020-003 526.25	
CITY - ST - ZIP	HUNTINGTON WOODS, MI 48070		STREET ADDRESS		
DOCUMENT #	P13599		CITY - ST - ZIP		
NAME	NORTHERN SALINE, INC.		STREET ADDRESS		
STREET ADDRESS	26657 WOODWARD AVE., STE. 100		CITY - ST - ZIP		
CITY - ST - ZIP	HUNTINGTON, MI 48070		STREET ADDRESS		
DOCUMENT #			CITY - ST - ZIP		
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CITY - ST - ZIP			STREET ADDRESS		
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: <u>P. O'Neill</u> 4/26/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					

STAPLE CHECK HERE