2007 LIMITED PARTNERSHIP ANNUAL REPORT

FILED
Feb 26, 2007
Secretary of State

DOCUMENT# A24719

Entity Name: N.S.I. INCOME FUND II - WESTWINDS APARTMENTS LIMITED PARTNERSHIP

Current Principal Place of Business:

5215 S. WESTSHORE BLVD. #29
TAMPA, FL 33611

New Principal Place of Business:

4820 GANDY BLVD.
TAMPA, FL 33611

Current Mailing Address:

5215 S. WESTSHORE BLVD. #29
TAMPA, FL 33611

New Mailing Address:

4820 GANDY BLVD.
TAMPA, FL 33611

FEI Number: 31-1205639 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

POSTON, WILLIAM G
C/O NSI MANAGEMENT, INC.
5215 S. WESTSHORE BLVD. #29
TAMPA, FL 33611 US

Name and Address of New Registered Agent:

POSTON, WILLIAM G
C/O NSI MANAGEMENT, INC.
4820 GANDY BLVD.
TAMPA, FL 33611 US

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: _____ 02/26/2007
Electronic Signature of Registered Agent — Date

GENERAL PARTNER INFORMATION:

Document #:
Name: O'NEILL, PATRICK J.
Address: 26657 WOODWARD AVE., STE. 100
City-St-Zip: HUNTINGTON WOODS, MI 48070
Document #: P13599
Name: NORTHERN SALINE, INC.
Address: 26657 WOODWARD AVE., STE. 100
City-St-Zip: HUNITINGTON, MI 48070

ADDRESS CHANGES ONLY:

Address:
City-St-Zip:

Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: PATRICK J. O'NEILL G 02/26/2007
Electronic Signature of Signing General Partner — Date