## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A31432  NORTHWESTERN PARTNERS, LTD.						٠,,	FILED		
						01 APR 30 PM 6: 32			
					SECRETARY OF STATE TALLAHASSEE, FLORIDA				
Principal Place of Business Mailing Address  TOO PAYEDONE PARISHAN CHITE IN THE PROPERTY PARISHAN					4D	TOOLE, PEURIDA			
730 BAYFRONT PARKWAY, SUITE 4B 730 BAYFRONT PARKWAY, SUPENSACOLA FL 32501 PENSACOLA FL 32501				, SUITE	40				
Principal Place of Business     Address     Mailing Address					I LUCTUAR TODA HIND FIND CHIND HIND CHIND HIND HIND BIRTH				
Suite, Apt. #, etc. Suite, Apt. #, etc.						DO NOT WRITE IN THIS SPACE			
City & State City & State						E0C07E002	lied For		
Zip Count		Country	Zip	Country		5 Certificate of Status Desired   \$8.75 Additi	Applicable onal		
	6. Name and Address of Currer		t Registered Agent		<del>,</del>	7. Name and Address of New Registered Agent			
. Trainto and Address of Carron Hegistered Agent					Name				
REEVES, JAMES J.					Street Address (P.O. Box Number is Not Acceptable)				
	RONT PARK	VAY							
STE. 4B PENSACOLA FL 32501					City FL Zip Code				
The above named entity submits this statement for the purpose of changing its re-					ſĹŢŢŢŢŢŢŢŢŢŢŢŢŢŢŢŢŢŢŢŢŢŢŢŢŢŢŢŢŢŢŢŢŢŢŢŢ				
w. mc above	named entity	SOLATING THIS STATEMENT IN	or the purpose of changing its	register	eu onice o	rregistered agent, or both, in the State of Florida.			
SIGNATURE .	Signature, Ivoed or	printed name of registered agent	Land title if applicable (NO)	Registere	d Agent signat	ture required when reinstating) DATE			
9. Capital Co	ontributions	\$702,800.00	10. Amount of Capi	al Contri	butions	11 MAYE CHECK DAVADLE TO DEDT OF S	474.5		
as Shown			in FLORIDA to c			SEE REVERSE SIDE FOR FEE INFORM.  REGISTERED AND ACTIVE WITH THIS OFFICE.	ATION		
						endment must be filed to change a general partner.			
12.	1	GENERAL PARTNE	R INFORMATION	13.		ADDRESS CHANGES ONLY			
Document / Name	JAMES J. REEVES			STR	EET ADDRESS				
STREET ADDRESS CITY-ST-ZIP	730 BAYFRO	ONT PKWY.#4B		CITY	-ST-ZIP				
DOCUMENT #	PENSACOLA K50846	V L 32301		стрі	ET ADDRESS				
NAME STREET ADDRESS	NORTHWES	TERN PTNRS.,INC.		SIM	EL AUUNESS	to to	_		
CITY-ST-ZIP	PENSACOL/	)nt PKWY.#4B \ FL 32501		CITY	-ST-ZIP	<b>17)</b> 1			
DOCUMENT # NAME	F940000006	64 TAX CREDIT, INC		STRE	ET ADDRESS.				
STFEET ADDRESS	9090 WILSH	IRE BLVD. #201		CITY	-ST-ZIP	511			
DOCUMENT #	BEVERLY HI	LLS CA 90211		-					
NAME				STRE	ET ADDRESS	<del>900004216909~</del>	<u></u>		
STREET ADDRESS CITY-ST-ZIP				CITY	-ST-ZIP	-05/15/010105101: ****526.25 *****526	3 <sub>∵</sub> .		
DOCUMENT				STRE	ET ADDRESS	*****JCO.C3 ******JCO	. 2.0		
STREET ADDRESS				CITY	- ST-ZIP				
CITY-ST-ZIP DOCUMENT #				-	01 211				
NAME				STRE	ET ADDRESS	•			
STREET ADDRESS CITY-ST-ZIP				CITY	-ST-ZIP				
14.   hereby c	certify that the i	nformation supplied with	this filing does not quality fo	the exe	mption star	od in Section 119.07(3)(i), Florida Statutes. I further certify that the infor	mation		
the receiv	er or trustee er	s inutrand acturate and inpowered to execute this	i ulat my signature shar have is report by Chap	er 620	iegarejte joude Stat	old in Section 119.07(3)(i), Florida Statutes. I further certify that the inforct as I made under oath; that I am a General Partner of the I mited partrutes	nership or		
		\//	11/ XI/47 ~ V	, –	1/2.	TIMEST IS IS TO THE TOTAL OF TH	/		
SIGNAT		Lan	K / / / W	1	1/pl	4127/200	<b>'</b> )		