2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A31432 1. Entity Name					,		3	
NORTHWESTERN PARTNERS, LTD.					FILED			
Principal Place of Business 730 BAYFRONT PARKWAY, SUITE 4B PENSACOLA FL 32501 PENSACOLA FL			T PARKWAY, SUITE 4B		O2 APR 18 PM 2: 56 SECRETARY OF STATE TALLAHASSEE FLORIDA			
Principal Place of Business 3. Mailing Address					- 		<u> </u>	
Suite, Apt. #, etc. Suite, Apt. #, etc.					DUE BY MAY 1, 2002			
City & State City & State					4. FEI Number	59-6075983	Applied For Not Applicable	
Zip	- Country Zip C		Cour	ntry	5. Certificate of Status Desired \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
REEVES, JAMES J. 730 BAYFRONT PARKWAY					ess (P.O. Box Number is Not Acceptable)			
STE. 4B	TONI FARRWAI							
PENSACOLA FL 32501				City	FL Zip Code			
8. The above	named entity submits this statement for	the purpose of changing its	register	ed office or register	red agent, or both,	in the State of Florida.		
SIGNATURE.	Signature, typed or printed name of registered agent a	nd title if applicable.	 .			DATE		
9. Capital Contributions as Shown on record. \$702,800.00 10. Amount of Capital Coin FLORIDA to date.				butions 788,800) **		OR FEE INFORMATION	
	A GENERAL PARTNER T NOTE: General Partners MA	HAT IS A BUSINESS EN Y NOT be changed on t	ITITY N he forn	MUST BE REGIST n; an amendmen	TERED AND AC nt must be filed	TIVE WITH THIS OFFIC	CE. artner.	
12. GENERAL PARTNER INFORMATION					ADDRESS CHANGES ONLY			
DOCUMENT # NAME	JAMES J. REEVES			EET ADDRESS			RZE003 (9/01)	
STREET ADDRESS CITY-ST-ZIP	PENSACOLA FL 32501		CITY	/-ST-ZIP		<u> </u>	32E00	
DOCUMENT # NAME	PENSACOLA FL 32501		STR	EET ADDRESS				
STREET ADDRESS CITY-ST-ZIP			CITY	r-ST-ZIP				
NAME	NATIONAL TAX CREDIT, INC	ing the second second	STRI	EET ADDRESS	20	0005373	0121	
STREET ADDRESS CITY-ST-ZIP	9090 WILSHIRE BLVD. #201 BEVERLY HILLS CA 90211			(-ST-ZIP	-04/29/0201128023 ****526.25 ****526.25			
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CITY-ST-ZIP DOCUMENT #		1 11 11 11 11 11 11	CITY	r-ST-ZIP				
NAME STREET ADDRESS				EET ADDRESS	. <u>-</u>			
CITY-ST-ZIP				r-ST-ZIP	ection 119 07(3Vi)	Florida Statutes I further of	artify that the information	
14. I hereby certify that the information supplied with this fling 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 load my significant 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 610, Florida Statutes 4/6/2007 \$50 4384400								
SIGNATURE: Date Dayling Phone #								