# 2004 LIMITED PARTNERSHIP ANNUAL REPORT
**Due By May 1, 2004**

**FILED**
**Apr 28, 2004 08:00 AM**
**Secretary of State**

DOCUMENT # A31432

1. Entity Name
NORTHWESTERN PARTNERS, LTD.

| Principal Place of Business | Mailing Address |
|---|---|
| 730 BAYFRONT PARKWAY, SUITE 4B<br>PENSACOLA, FL 32501 | 730 BAYFRONT PARKWAY, SUITE 4B<br>PENSACOLA, FL 32501 |

04152004 Chg-LP CR2E003 (10/03)

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

4. FEI Number 59-6075983 ☐ Applied For ☐ Not Applicable

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.<br>730 BAYFRONT PARKWAY<br>STE. 4B<br>PENSACOLA, FL 32501 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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. | 10. Amount of Capital Contributions in FLORIDA to date. |
|---|---|
| $702,800.00 | 702,800.00 |

**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 # | | STREET ADDRESS | |
| NAME | JAMES J. REEVES | CITY ST ZIP | |
| STREET ADDRESS | 730 BAYFRONT PKWY.#4B | | U00000156691 |
| CITY ST ZIP | PENSACOLA, FL 32501 | | 05/05/04-80003-010 526.25 |
| DOCUMENT # | K50846 | STREET ADDRESS | |
| NAME | NORTHWESTERN PTNRS.,INC. | CITY ST ZIP | |
| STREET ADDRESS | 730 BAYFRONT PKWY.#4B | | |
| CITY ST ZIP | PENSACOLA, FL 32501 | | |
| DOCUMENT # | F94000000664 | STREET ADDRESS | |
| NAME | NATIONAL TAX CREDIT, INC | CITY ST ZIP | |
| STREET ADDRESS | 9090 WILSHIRE BLVD. #201 | | |
| CITY ST ZIP | BEVERLY HILLS, CA 90211 | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY ST ZIP | |
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| NAME | | CITY ST ZIP | |
| STREET ADDRESS | | | |
| CITY ST ZIP | | | |

STAPLE CHECK HERE

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:** _____ James J. Reeves 4/27/04 (850)438-4400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #