


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # A31432
 1. Entity Name
 NORTHWESTERN PARTNERS, LTD.



Principal Place of Business
 730 BAYFRONT PARKWAY, SUITE 4B
 PENSACOLA, FL 32502

Mailing Address
 730 BAYFRONT PARKWAY, SUITE 4B
 PENSACOLA, FL 32502



02172006 No Chg-LP CR2E003 (11/05)

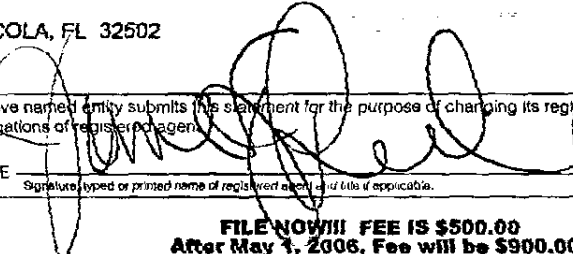
DO NOT WRITE IN THIS SPACE

4. FEI Number 59-6075983	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 REEVES, JAMES J.
 730 BAYFRONT PARKWAY
 STE. 4B
 PENSACOLA, FL 32502

DO NOT WRITE IN THIS SPACE

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 3/30/06

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

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.

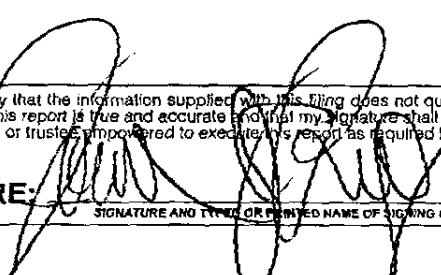
12. GENERAL PARTNER INFORMATION	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	JAMES J. REEVES 730 BAYFRONT PKWY.#4B PENSACOLA, FL 32502
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	K50846 NORTHWESTERN PTNRS., INC. 730 BAYFRONT PKWY.#4B PENSACOLA, FL 32502
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	F94000000664 NATIONAL TAX CREDIT, INC 6100 CENTER DRIVE, STE 800 LOS ANGELES, CA 90045
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
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U00000490817
 04/18/06-80070-017 500.00

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STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  DATE 3/30/06 Overtime Phone # 850 438 4400