2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Feb 19, 2007 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 PENSACOLA, FL 32502	730 BAYFRONT PARKWAY, SUITE 4B PENSACOLA, FL 32502

02152007 No Chg-LP CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

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

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
Signature, typed or printed name of registered agent and title if applicable.

U00000640984
02/28/07-80089-003 500.00

FILE NOW!!! FEE IS $500.00
After May 1, 2007, 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	JAMES J. REEVES
STREET ADDRESS	730 BAYFRONT PKWY.#4B
CITY-ST-ZIP	PENSACOLA, FL 32502
DOCUMENT #	K50846
NAME	NORTHWESTERN PTNRS.,INC.
STREET ADDRESS	730 BAYFRONT PKWY.#4B
CITY-ST-ZIP	PENSACOLA, FL 32502
DOCUMENT #	F94000000664
NAME	NATIONAL TAX CREDIT, INC
STREET ADDRESS	6100 CENTER DRIVE, STE 800
CITY-ST-ZIP	LOS ANGELES, CA 90045
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 2/15/07 850-438-4400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

JAMES J. REEVES