


**2008 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2008**

**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**

**DO NOT WRITE IN THIS SPACE**

**FILED**  
08 MAY 14 AM 11:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01072008 No Chg-LP CR2E003 (12/06)

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

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2008, 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	<b>JAMES J. REEVES 730 BAYFRONT PKWY #4B PENSACOLA, FL 32502</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>K50846 NORTHWESTERN PTNRS., INC. 730 BAYFRONT PKWY #4B PENSACOLA, FL 32502</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>P35641 NATIONAL TAX CREDIT, INC II 6100 CENTER DRIVE, STE 800 LOS ANGELES, CA 90045</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
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**400125737014**  
04/25/08--01006--007 \*\*500.00

**DO NOT WRITE IN THIS SPACE**

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:**  **04/12/2008**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #