

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

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



01072008 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FBI 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

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

DATE

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: 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 # P35641
NAME: NATIONAL TAX CREDIT, INC. II
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:

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

04/17/2008