2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M04000002901

1. Entity Name

NORTHPOINTE INVESTORS, LLC



FILED Aug 07, 2006 08:00 Al Secretary of State

Principal Place of Business

580 E MAIN ST, STE 300 NORFOLK, VA 23510 Mailing Address

580 E MAIN ST, STE 300 NORFOLK, VA 23510



DO NOT WRITE IN THIS SPACE

07052006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-0771061

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 (LDE 12 000

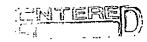
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The above named entity submits this statement for the purpose of chathe obligations of registered agent.	anging its registered office or registered agent, or both, in the	State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agen) and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
Filing Fee is \$50.00 Due by September 6, 2006		

MANAGING MEMBERS/MANAGERS 9. MGR TITLE NIA MANAGEMENT, LLC NAME STREET ADDRESS 580 E MAIN ST. STE 300 CITY-SI-ZIP NORFOLK, VA 23510 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST-ZIP TITLE NAME STREET ADDRESS

U00000573559 08/07/06-80002-012 50.00

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11. 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 managing member or manager of the limited liability company or the receiver or trastee empowered to execute his report as required by Chapter 608, Florida Statutes.

SIGNATURE: ____

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

8/4/06

Daytime Phone #