

## **Certificate of Limited Partnership**

**A04000001792**  
**FILED**  
**November 16, 2004**  
**Sec. Of State**  
**dcushing**

Name of Limited Partnership:

NORTHPOINTE REALTY PARTNERS, LTD.

Business Address of Limited Partnership:

100 SOUTH OLIVE AVENUE  
WEST PALM BEACH, FL. US 33401

Mailing Address of Limited Partnership:

P.O. BOX 1625  
WEST PALM BEACH, FL. US 33402

The name and Florida street address of the registered agent is:

JONATHAN R SATTER  
100 SOUTH OLIVE AVENUE  
WEST PALM BEACH, FL. 33401

I certify that I am familiar with and accept the responsibilities of  
registered agent.

Registered Agent Signature: JONATHAN R. SATTER

The latest date upon which the Limited Partnership is to be dissolved is:

NOVEMBER 15, 2054

The name and address of all general partners are:

Title: G  
SDS NORTHPOINTE CORP.  
100 SOUTH OLIVE AVENUE  
WEST PALM BEACH, FL. 33401 US

**Affidavit of Capital Contributions  
For Florida Limited Partnership**

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The undersigned constituting all of the general partners of:  
NORTHPOINTE REALTY PARTNERS, LTD.

a Florida Limited Partnership, certify:

The amount of capital contributions to date of the limited partners is:  
25,000.00

The total amount contributed and anticipated to be contributed by the  
limited partners at this time totals:  
535,000.00

Signed this Sixteenth day of November, 2004

Under the penalties of perjury I (we) declare the I (we) have read the foregoing  
and know the contents thereof and that the facts stated herein are true and correct.

General Partner Signature: JONATHAN R. SATTER, PRES.