

**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

DOCUMENT # A04000001792		
1. Entity Name NORTHPOINTE REALTY PARTNERS, LTD.		

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR -7 AM 8:12

Principal Place of Business 100 SOUTH OLIVE AVENUE WEST PALM BEACH FL 33401 US	Mailing Address P.O. BOX 1625 WEST PALM BEACH FL 33402 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1ST MOORE CR2E003 (10/04)

4. FEI Number 20-1955957		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SATTER, JONATHAN R 100 SOUTH OLIVE AVENUE WEST PALM BEACH FL 33401		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

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.		11. FILE NOW!!! Due by May 1, 2005 See Block 11 instructions for fee info.
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable		
9. Capital Contributions as Shown on record. \$25,000.00	10. Amount of Capital Contributions in FLORIDA to date. 25,000.00	

**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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P04000155746	STREET ADDRESS	Post Office Box 1625
NAME	SDS NORTHPOINTE CORP.	CITY-ST-ZIP	West Palm Beach, FL 33402-1625
STREET ADDRESS	100 SOUTH OLIVE AVENUE		
CITY-ST-ZIP	WEST PALM BEACH FL 33401		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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STREET ADDRESS			
CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 the report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Jonathan R Satter
Jonathan R Satter

3/2/2005

Date

561-659-1800

Daytime Phone #

STAPLE CHECK HERE