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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # A04000001792 1. Entity Name NORTHPOINTE REALTY PARTNERS, LTD. 05 MAR -7 AM 8: 12 Principal Place of Business Mailing Address 100 SOUTH OLIVE AVENUE WEST PALM BEACH FL 33401 P.O. BOX 1625 WEST PALM BEACH FL 33402 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1ST MOORE CR2E003 (10/04) City & State City & State 4. FEI Number Applied For 20-1955957 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SATTER, JONATHAN R Street Address (P.O. Box Number is Not Acceptable) 100 SOUTH OLIVE AVENUE WEST PALM BEACH FL 33401 Zip Code City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable See Block 11 instructions for fee info. 10. Amount of Capital Contributions 9. Capital Contributions \$25,000.00 25,000.00 in FLORIDA to date. as Shown on record. 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. DOCUMENT # P04000155746 STREET ADDRESS NAME SDS NORTHPOINTE CORP. STREET ADDRESS 100 SOUTH OLIVE AVENUE CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33401 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP City-ST-7IP 300048449598 03/15/05--01072--009 **263.75 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-70P CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 14. Thereby certify that the information supplied with this filling 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 this report as required by Chapter 620, Florida Statutes

Joration a Catter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

SIGNATURE: _