


**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006**

DOCUMENT # A04000001792			
1. Entity Name NORTHPOINTE REALTY PARTNERS, LTD.			
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	
2. Principal Place of Business PO Box 1625		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State West Palm Beach FL		City & State	
Zip 33402	Country USA	Zip	Country

SEC. OF STATE
06 FEB 20 AM 8:49



1st MOORE CR2E003 (10/05)

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

FILE NOW!!! Fee is \$500. * After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.**

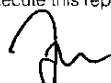
**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P04000155746	STREET ADDRESS	200066812642 02/28/06 01025 018 **650.00
NAME	SDS NORTHPOINTE CORP.	CITY-ST-ZIP	
STREET ADDRESS	PO BOX 1625	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33402-1625	CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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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:



Jonathan R. Satter

(561) 655-1000 1/30/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #