

# 2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2007

FILED


07 FEB 26 AM 10:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02/12/07--90086--040 \*\*650.00



1st MOORE CR2E003 (10/06)

<b>DOCUMENT # A04000001792</b>					
1. Entity Name <b>NORTHPOINTE REALTY PARTNERS, LTD.</b>					
Principal Place of Business <b>PO BOX 1625 WEST PALM BEACH FL 33402 US</b>			Mailing Address <b>PO BOX 1625 WEST PALM BEACH FL 33402 US</b>		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number <b>20-1955957</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent <b>SATTER, JONATHAN R 100 SOUTH OLIVE AVENUE WEST PALM BEACH FL 33401</b>			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			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.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!! Fee is \$500. *** After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State.</b>					
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P04000155746		STREET ADDRESS		
NAME	SDS NORTHPOINTE CORP.		CITY - ST - ZIP		
STREET ADDRESS	PO BOX 1625				
CITY - ST - ZIP	WEST PALM BEACH FL 33402-1625				
DOCUMENT #			STREET ADDRESS		
NAME			CITY - ST - ZIP		
STREET ADDRESS					
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 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: <u>Jonathan R. Satter, President, SDS Northpointe Corp.</u> 01/31/07 (661) 654-1800					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER					