

# **2009 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A04000001792

**FILED**  
**Jan 27, 2009**  
**Secretary of State**

**Entity Name:** NORTHPOINTE REALTY PARTNERS, LTD.

**Current Principal Place of Business:**

PO BOX 1625  
WEST PALM BEACH, FL 33402 US

**New Principal Place of Business:**

222 CLEMATIS STREET  
206  
WEST PALM BEACH, FL 33401 US

**Current Mailing Address:**

PO BOX 1625  
WEST PALM BEACH, FL 33402 US

**New Mailing Address:**

**FEI Number:** 20-1955957      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

SATTER, JONATHAN R  
222 CLEMATIS STREET  
206  
WEST PALM BEACH, FL 33401 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

01/27/2009

Date

**GENERAL PARTNER INFORMATION:**

Document #: P04000155746  
Name: SDS NORTHPOINTE CORP.  
Address: PO BOX 1625  
City-St-Zip: WEST PALM BEACH, FL 334021625 US

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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

RA

01/27/2009

Electronic Signature of Signing General Partner

Date