2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000094117

1. Entity Name

NORTHPOINTE OFFICENTER LLC



FILED Jan 25, 2008 08:00 AM Secretary of State

Principal Place of Business 1966 GREENSPRING DR.

SUITE 508 TIMONIUM, MD 21093 Mailing Address

1966 GREENSPRING DRIVE

SUITE 508

TIMONIUM, MD 21093



DO NOT WRITE IN THIS SPACE

01042008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 12-6289682 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HIQ CORPORATE SERVICES, INC. 1574 VILLAGE SQUARE BLVD., SUITE 100 TALLAHASSEE, FL 32309

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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.

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

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BAVAR, DAVID 1966 GREENSPRING DRIVE, SUITE 508 TIMONIUM, MD 21093	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BAVAR, ROBERT A 1966 GREENSPRING DR., STE. 508 TIMONIUM, MD 21093	
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polied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information currie and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the property of 11. I hereby certify that the information indicated on this report is to limited liability company or

SIGNATURE:

PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

DAVID BAVAR