2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # M04000002901

1. Entity Name
NORTHPOINTE INVESTORS, LLC



Principal Place of Business

580 E MAIN ST, STE 300 NORFOLK, VA 23510 Mailing Address

580 E MAIN ST, STE 300 NORFOLK, VA 23510

FILED Apr 06, 2007 08:00 All Secretary of State



02222007 No Chg-LLC

CR2E083 (11/05)

4.	FEI Number		Applied For
	20-0771061	Γ	Not Applicable
5.	Certificate of Status Desired	\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

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	e named entity submits this statement for the purpose of char tions of registered agent.	nging its registered office or registered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
, F	iling Fee is \$50.00 ue by May 1, 2007		
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NIA MANAGEMENT, LLC 580 E MAIN ST, STE 300 NORFOLK, VA 23510		U00000693246
TITLE NAME STREET ADDRESS CITY-ST-ZIP			04/16/07-80032-011 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN ⁻	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS			

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/4/02

627-9088

Daytma Phone #