## 2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2005

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

## Apr 30, 2005 08:00 AM Secretary of State DOCUMENT # A03000000042 1. Entity Name NRPII GP, LLLP Principal Place of Business Mailing Address ONE SE 3RD AVENUE., SUITE 3100 ONE SE 3RD AVENUE., SUITE 3100 MIAMI FL 33131 MIAMI FL 33131 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1ST MOORE CR2E003 (10/04) Applied For City & State City & State 4. FEI Number 74-3081108 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TRACY, GRANVIL M Street Address (P.O. Box Number is Not Acceptable) ONE SÈ 3RD AVENUE., SUITE 3100 MIAMI FL 33131 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. 11. FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info. 9. Capital Contributions 10. Amount of Capital Contributions \$1,000.00 in FLORIDA to date. as Shown on record. 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 13. 12. DOCUMENT # L03000002900 STREET ADDRESS NRPII SPE GP I, LLC MAME STREET ADDRESS ONE SE 3RD AVENUE., SUITE 3100 CHY-SI-ZIP CITY-ST-ZIP MIAMI FL 33131 DOCUMENT # STREET ADDRESS STRFFT ADDRESS CITY-ST-ZIP CITY-ST-ZIP <del>000000347222</del> 04/30/05-80108-001 150.00 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP STAPLE CHECK HERE DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CHY-SI-7P DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

FILED

CORANUIT TRACY \$/19/05 305,350.190