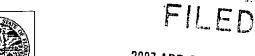
2007 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2007 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 DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent TRACY, GRANVIL M ONE SE 3RD AVENUE., SUITE 3100 MIAMI, FL 33131



2007 APR 30 AM 10: 22

SECRETARY OF STATE TALLAHASSEE, FLORIDA



02012007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 74-3081108

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

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 the obligations of registered agent.

DATE

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

FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00

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.

l	12.	GENERAL PARTNER INFORMATION
	DOCUMENT / NAME	L03000002900 NRPII SPE GP I, LLC
	STREET ADDRESS	ONE SE 3RD AVENUE., SUITE 3100
	CITY-ST-ZIP	MIAMI, FL 33131
	DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP	
	DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP	
	DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
	DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
	DOCUMENT / NAME STREET ADDRESS,	

200101975472 05/09/07--01047--022 **500.00

DO NOT WRITE IN THIS SPACE

14. I hereby certify that the information supplied with this filling 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: .

CITY-ST-ZIP

STAPLE CHECK HERE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER