
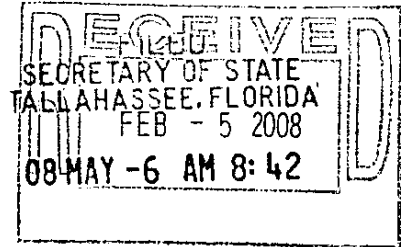


2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2008

DOCUMENT # A03000000042 1. Entity Name NRPII GP, LLLP	
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Principal Place of Business ONE SE 3RD AVENUE., SUITE 3100 MIAMI FL 33131	Mailing Address ONE SE 3RD AVENUE., SUITE 3100 MIAMI FL 33131
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2. Principal Place of Business - No P.O. Box # 800 Brickell Ave Suite, Apt. #, etc. PH 1 City & State MIAMI FL Zip 33131 Country US	3. Mailing Address 800 Brickell Ave Suite, Apt. #, etc. PH 1 City & State MIAMI FL Zip 33131 Country US
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1st MOORE CR2E003 (10/07)

6. Name and Address of Current Registered Agent TRACY, GRANVIL M ONE SE 3RD AVENUE., SUITE 3100 MIAMI FL 33131	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 800 Brickell Ave PH 1 City MIAMI, FL Zip Code 33131
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! Fee is \$500. * After May 1, 2008, fee will be \$900. *** Make check payable to Florida Department of State.**

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.

12. GENERAL PARTNER INFORMATION	13. ADDRESS CHANGES ONLY
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP L03000002900 NRPII SPE GP I, LLC ONE SE 3RD AVENUE., SUITE 3100 MIAMI FL 33131	STREET ADDRESS CITY-ST-ZIP 800 Brickell Ave PH 1 MIAMI FL 33131
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14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: GRANVIL TRACY 305-358-1901 4/14/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

STAPLE CHECK HERE