


2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004.

DOCUMENT # A03000000047		
1. Entity Name NRPII INVESTORS, LLLP		
Principal Place of Business 115 N.W. 167TH STREET #300 NORTH MIAMI BEACH FL 33169		Mailing Address 115 N.W. 167TH STREET #300 NORTH MIAMI BEACH FL 33169
2. Principal Place of Business	3. Mailing Address	
Suite One SE 3rd Avenue Suite 3100 City Miami, FL 33131 Zip	Sui One SE 3rd Avenue Suite 3100 City Miami, FL 33131 Zip	

FILED

04 APR 30 PM 12:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



MOORE CR2E003 (11/03)

4. FEI Number 74-3081112	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent TRACY, GRANVIL M 115 N.W. 167TH STREET #300 NORTH MIAMI BEACH FL 33169	7. Name and Address of New Registered Agent Name _____ Street _____ (acceptable) One SE 3rd Avenue Suite 3100 City Miami, FL 33131 FL 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.

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

9. Capital Contributions as Shown on record. \$1,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL DEPT OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
---	---	--

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 #	L03000000800	STREET ADDRESS	One SE 3rd Avenue
NAME	NEW RIVER II GP, LLC	CITY-ST-ZIP	Suite 3100 Miami, FL 33131
STREET ADDRESS	115 NW 167TH STREET, #300		
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33169		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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 or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:  **GRANVIL TRACY** 4/27/04 305-654-1500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #