


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

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # A03000000047 1. Entity Name NRPII INVESTORS, LLLP					
Principal Place of Business ONE S.E. 3RD AVENUE., SUITE 3100 MIAMI FL 33131			Mailing Address ONE S.E. 3RD AVENUE., SUITE 3100 MIAMI FL 33131		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 74-3081112	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent TRACY, GRANVIL M ONE S.E. 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) City	
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.	
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record.		\$1,000.00		10. Amount of Capital Contributions in FLORIDA to date.	
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		
NAME	NEW RIVER II GP, LLC		CITY- ST- ZIP		
STREET ADDRESS	ONE S.E. 3RD AVENUE., SUITE 3100		STREET ADDRESS		
CITY- ST- ZIP	MIAMI FL 33131		CITY- ST- ZIP		
DOCUMENT #			STREET ADDRESS		
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STAPLE CHECK HERE

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

SIGNATURE: Granvil Tracy 4/19/05 305.350.1901
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #