
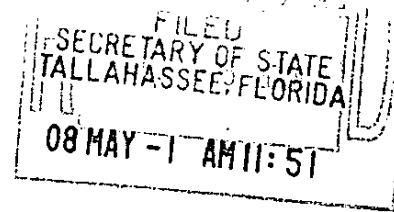


**2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2008**

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 - No P.O. Box # 800 Brickell Ave		3. Mailing Address 800 Brickell Ave	
Suite, Apt. #, etc. PH 1		Suite, Apt. #, etc. PH 1	
City & State MIAMI FL		City & State MIAMI FL	
Zip 33131	Country US	Zip 33131	Country US



1st MOORE CR2E003 (10/07)

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 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) 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 date 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 # L03000000800	NAME NEW RIVER II GP, LLC	STREET ADDRESS 800 Brickell Ave PH 1	
STREET ADDRESS ONE S.E. 3RD AVENUE., SUITE 3100		CITY-ST-ZIP MIAMI, FL 33131	
CITY-ST-ZIP MIAMI FL 33131			
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
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CITY-ST-ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

GRANVIL TRACY

4/14/08

Date

305-350-1901

Daytime Phone

STAPLE CHECK HERE