


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

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

<b>DOCUMENT #</b> A03000000060 <b>1. Entity Name</b> NRPII PARTNERS, LLLP	
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<b>Principal Place of Business</b> ONE SE 3RD AVENUE., SUITE 3100 MIAMI FL 33131	<b>Mailing Address</b> ONE SE 3RD AVENUE., SUITE 3100 MIAMI FL 33131
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State	City & State
Zip	Country



1ST MOORE CR2E003 (10/04)

<b>4. FEI Number</b> 74-3081110	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>  TRACY, GRANVIL M ONE SE 3RD AVENUE., SUITE 3100 MIAMI FL 33131
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<b>7. Name and Address of New Registered Agent</b>
Name
Street Address (P.O. Box Number is Not Acceptable)
City
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

**11. FILE NOW!!! Due by May 1, 2005.**  
**See Block 11 instructions for fee info.**

<b>9. Capital Contributions as Shown on record.</b> \$1,000.00	<b>10. Amount of Capital Contributions in FLORIDA to date</b>
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**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	
<b>DOCUMENT #</b>	
<b>NAME</b>	NRPII SPE GP II, LLC
<b>STREET ADDRESS</b>	ONE SE 3RD AVENUE., SUITE 3100
<b>CITY - ST - ZIP</b>	MIAMI FL 33131
<b>DOCUMENT #</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>DOCUMENT #</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
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<b>DOCUMENT #</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>DOCUMENT #</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	

13. ADDRESS CHANGES ONLY	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>STREET ADDRESS</b>	
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<b>CITY - ST - ZIP</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	

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04/30/05-80108-002 150.00

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)(f), 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 #