
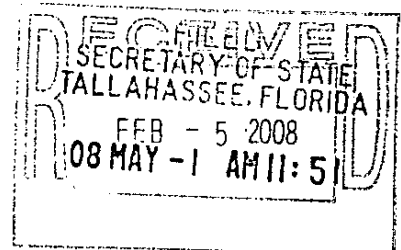


2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2008

DOCUMENT # A03000000060		
1. Entity Name NRPII PARTNERS, LLLP		
Principal Place of Business ONE SE 3RD AVENUE., SUITE 3100 MIAMI FL 33131		Mailing Address ONE SE 3RD AVENUE., SUITE 3100 MIAMI FL 33131



2. Principal Place of Business - No P.O. Box # 800 Brickell Ave Suite, Apt. #, etc. PH 1		3. Mailing Address 800 Brickell Ave. 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)

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	
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	

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	800 Brickell Ave PH 1
STREET ADDRESS	ONE SE 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			
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STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			

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05/02/08--01006--024 **\$00.00

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 305-350-1901 4/14/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE