


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

<b>DOCUMENT # A03000000062</b>		
1. Entity Name <b>NEW RIVER PHASE II, LLLP</b>		

Principal Place of Business <b>115 N.W. 167 STREET #300 NORTH MIAMI BEACH FL 33169</b>	Mailing Address <b>115 N.W. 167 STREET #300 NORTH MIAMI BEACH FL 33169</b>
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2. Principal Place of Business Suite <b>One SE 3rd Avenue Suite 3100</b> City: <b>Miami, FL 33131</b> Zip _____	3. Mailing Address Suite <b>One SE 3rd Avenue Suite 3100</b> City & <b>Miami, FL 33131</b> Zip _____
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6. Name and Address of Current Registered Agent <b>TRACY, GRANVIL M 115 N.W. 167 STREET #300 NC One SE 3rd Avenue L 33169 Suite 3100 Miami, FL 33131</b>	
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7. Name and Address of New Registered Agent Name _____ Street Address _____ City _____ State _____ Zip Code _____	
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____
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9. Capital Contributions as Shown on record. <b>\$1,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. <b>MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	<b>NRRRII GP, LLLP</b>	<b>One SE 3rd Avenue</b>	<b>Suite 3100</b>
	<b>115 N.W. 167 STREET #300</b>	<b>Miami, FL 33131</b>	
	<b>NORTH MIAMI BEACH FL 33169</b>		
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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

<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	<b>GRANVIL TRACY</b> <small>Date</small>	<b>4/27/04 (305)-654-1500</b> <small>Daytime Phone #</small>
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**FILED**

**04 APR 30 PM 12:18**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



**MOORE CR2E003 (11/03)**

4. FEI Number	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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STAPLE CHECK HERE