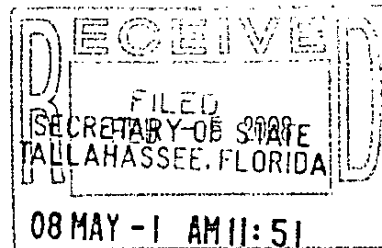


**2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2008**

**DOCUMENT # A03000000062**

1. Entity Name

NEW RIVER PHASE II, 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.

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

81-0594296

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

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

Signature, typed or printed name of registered agent and title if applicable.

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

DOCUMENT # A03000000042  
NAME NRPII GP, LLLP  
STREET ADDRESS ONE SE 3RD AVENUE., SUITE 3100  
CITY-ST-ZIP MIAMI FL 33131

13. ADDRESS CHANGES ONLY

STREET ADDRESS

800 Brickell Ave PH 1

CITY-ST-ZIP

Miami FL 33131

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

400128310264  
05/02/08--01006--023 \*\*\$00.00

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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:

GRANVIL TRACY

4/14/08

305-350-199

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE