

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

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

<b>DOCUMENT # A03000000116</b> 1. Entity Name <b>NRPII VENTURES, LLLP</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</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>74-3081113</b> <div style="float: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>	
6. Name and Address of Current Registered Agent  <b>TRACEY, GRANVIL M ONE SE 3RD AVENUE., SUITE 3100 MIAMI FL 33131</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>	
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 _____	
9. Capital Contributions as Shown on record. <b>\$1,000.00</b>		10. Amount of Capital Contributions in FLORIDA to date.			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT #	<b>L03000000800</b>		STREET ADDRESS		
NAME	<b>NEW RIVER II GP, LLC</b>		CITY-ST-ZIP		
STREET ADDRESS	<b>ONE SE 3RD AVENUE., SUITE 3100</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI FL 33131</b>		CITY-ST-ZIP		
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**11. FILE NOW!!! Due by May 1, 2005.**  
 See Block 11 instructions for fee info.

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 04/30/05-80108-003 150.00

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

**SIGNATURE:** Granvil Tracy **4/19/05 305.350.1901**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE