


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

DOCUMENT # A03000000116	
1. Entity Name NRPII VENTURES, LLLP	

FILED FEB 5 2008
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAY -7 PM 1:52

Principal Place of Business ONE SE 3RD AVENUE., SUITE 3100 MIAMI FL 33131	Mailing Address ONE SE 3RD AVENUE., SUITE 3100 MIAMI FL 33131
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2. Principal Place of Business - No P.O. Box # 800 Brickell Ave Suite, Apt. #, etc. PH 1 City & State Miami FL Zip 33131 Country US	3. Mailing Address 800 Brickell Ave Suite, Apt. #, etc. PH 1 City & State Miami FL Zip 33131 Country US
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1st MOORE CR2E003 (10/07)

4. FEI Number 74-3081113	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TRACEY, 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 _____

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

900128734379
05/07/08--01009--010 **500.00

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 #	L03000000800	STREET ADDRESS	800 Brickell Ave, PH 1
NAME	NEW RIVER II GP, LLC	CITY-ST-ZIP	Miami FL 33131
STREET ADDRESS	ONE SE 3RD AVENUE., SUITE 3100		
CITY-ST-ZIP	MIAMI FL 33131		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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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 4/14/08 205-350-1901

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

STAPLE CHECK HERE