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

DOCUMENT # A03000000446

1. Entity Name

NRPII ASSOCIATES, LLLP

FILED
04 APR 30 PM 12:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MOORE CR2E003 (11/03)

Principal Place of Business	Mailing Address
115 N.W. 167 STREET STE. 300 NORTH MIAMI BEACH FL 33169	115 N.W. 167 STREET STE. 300 NORTH MIAMI BEACH FL 33169

2. Principal Place of Business	3. Mailing Address
One SE 3rd Avenue Suite 3100- Miami, FL 33131	One SE 3rd Avenue Suite 3100 Miami, FL 33131

4. FEI Number ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TRACY, GRANVIL M ~~115 N.W. 167 STREET~~ ~~STE. 300~~ ~~NORTH MIAMI BEACH FL 33169~~	Name Not Acceptable) One SE 3rd Avenue Suite 3100 Miami, FL 33131 FL Zip Code

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 title if applicable.

9. Capital Contributions as Shown on record.	$1,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

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 #			L03000010068
NAME	NRPHII ASSOCIATES GP, LLC	STREET ADDRESS	One SE 3rd Avenue
STREET ADDRESS	115 N.W. 167 STREET STE. 300		Suite 3100
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33169	CITY-ST-ZIP	Miami, FL 33131
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	500036274325
CITY-ST-ZIP			05/13/04--01068--015 **141.25
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CITY-ST-ZIP			

STAPLE CHECK HERE

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 4/27/04 305-654-1570

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