


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

DOCUMENT # <b>A03000000446</b>			
1. Entity Name <b>NRPII ASSOCIATES, 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		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED  
2005 APR 26 PM 12:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



1ST MOORE CR2E003 (10/04)

4. FEI Number <b>AP-PLIED FOR</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>TRACY, 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 <b>FL</b> 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.		11. FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info.	
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.	

**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	
NAME	<b>NRPHII ASSOCIATES GP, LLC</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>ONE SE 3RD AVENUE., SUITE 3100</b>		
CITY-ST-ZIP	<b>MIAMI FL 33131</b>		
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**700054348017**  
05/13/05--01002--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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*GRANVILLE TRACY* 4/19/05 305.350.1901

Date

Daytime Phone #

STAPLE CHECK HERE