

2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006

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

FILED

06 MAY -1 AM 8:52

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**



1st MOORE CR2E003 (10/05)

4. FEI Number 13-4245752 APPLIED FOR	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
TRACY, GRANVIL M ONE SE 3RD AVENUE., SUITE 3100 MIAMI FL 33131		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		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.

FILE NOW!!! Fee is \$500. * After May 1, 2006, 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 #	NRPII ASSOCIATES GP, LLC ONE SE 3RD AVENUE., SUITE 3100 MIAMI FL 33131	STREET ADDRESS	300075012703 05/22/06--01004--026 **500.00
NAME		CITY-ST-ZIP	
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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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

1379

Form **SS-4**

(Rev. December 2001)

Department of the Treasury
Internal Revenue Service**Application for Employer Identification Number**

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line. ▶ Keep a copy for your records.

EIN **13-4245752**

OMB No. 1545-0003

Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested NRPI ASSOCIATES, L.L.P.	
	2 Trade name of business (if different from name on line 1)	3 Executor, trustee, "care of" name
	4a Mailing address (room, apt., suite no. and street, or P.O. box) 115 NW 167 STREET #300	5a Street address (if different) (Do not enter a P.O. box.)
	4b City, state, and ZIP code NORTH MIAMI BEACH, FL 33169	5b City, state, and ZIP code
	6 County and state where principal business is located DADE COUNTY, FL	
	7a Name of principal officer, general partner, grantor, owner, or trustor GRANVILLE TRACY	7b SSN, ITIN, or EIN 261-27-2205

8a Type of entity (check only one box)

☐ Sole proprietor (SSN) _____

☒ Partnership

☐ Corporation (enter form number to be filed) ▶ _____

☐ Personal service corp.

☐ Church or church-controlled organization

☐ Other nonprofit organization (specify) ▶ _____

☐ Other (specify) ▶ _____

☐ Estate (SSN of decedent) _____

☐ Plan administrator (SSN) _____

☐ Trust (SSN of grantor) _____

☐ National Guard ☐ State/local government

☐ Farmers' cooperative ☐ Federal government/military

☐ REMIC ☐ Indian tribal governments/enterprises

Group Exemption Number (GEN) ▶ _____

8b If a corporation, name the state or foreign country (if applicable) where incorporated

State **N/A** Foreign country _____

9 Reason for applying (check only one box)

☒ Started new business (specify type) ▶ **R/E DEVELOPMENT**

☐ Banking purpose (specify purpose) ▶ _____

☐ Changed type of organization (specify new type) ▶ _____

☐ Purchased going business

☐ Created a trust (specify type) ▶ _____

☐ Created a pension plan (specify type) ▶ _____

☐ Hired employees (Check the box and see line 12.)

☐ Compliance with IRS withholding regulations

☐ Other (specify) ▶ _____

10 Date business started or acquired (month, day, year)
3/20/2003

11 Closing month of accounting year
DECEMBER

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ▶

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "0-0-0" ▶

Agricultural ☒ Household ☒ Other ☒

14 Check one box that best describes the principal activity of your business.

☐ Construction ☐ Rental & leasing ☐ Transportation & warehousing ☐ Health care & social assistance ☐ Wholesale-agent/broker

☒ Real estate ☐ Manufacturing ☐ Finance & insurance ☐ Accommodation & food service ☐ Wholesale-other ☐ Retail

☐ Other (specify) _____

15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.
REAL ESTATE DEVELOPMENT

16a Has the applicant ever applied for an employer identification number for this or any other business? ☐ Yes ☒ No

Note: If "Yes," please complete lines 16b and 16c.

16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.

Legal name ▶ _____ Trade name ▶ _____

16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year) _____ City and state where filed _____ Previous EIN _____

Third Party Designee	Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.	
	Designee's name YOLANDA CORVEA	Designee's telephone number (include area code) (305) 654-1500 ext 120
	Address and ZIP code 115 N.W. 167 ST #300 NMB FL 33169	Designee's fax number (include area code) (305) 653-9486

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (type or print clearly) ▶ **GRANVILLE TRACY, MANAGING MEMBER**

Signature ▶ _____ Date ▶ **4/1/03**

Applicant's telephone number (include area code) **(305) 654-1500 ext 120**

Applicant's fax number (include area code) **(305) 653-9486**