

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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAY 22 PM 3:49

DOCUMENT # A03000000446

1. Entity Name:

NRPII ASSOCIATES, LLLP



Entity's 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 - No P.O. Box #

800 BRICKELL AVE

3. Mailing Address:

800 BRICKELL AVE.

Suite, Apt. #, etc.

PH 1

Suite, Apt. #, etc.

PH 1

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33131

Country

US

Zip

33131

Country

US

4. FEI Number

13-4245752

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TRACY, 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

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

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 #		STREET ADDRESS	800 BRICKELL AVE PH 1
NAME	NRPII ASSOCIATES 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	200129486732 05/14/08--01046--015 **500.00
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NAME		CITY- ST- ZIP	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CT GRANVIL TRACY 4/14/08

Date

Daytime Phone #

205-350-1901