

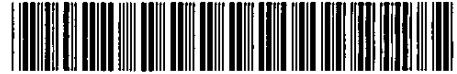
**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90025 032 \*\*\*138.75

<b>DOCUMENT # L03000002918</b>	
1. Entity Name <b>NRPII SPE GP II, LLC</b>	

Principal Place of Business <b>ONE SE 3RD AVE STE 3100 MIAMI FL 33131</b>	Mailing Address <b>ONE SE 3RD AVE STE 3100 MIAMI FL 33131</b>
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2. Principal Place of Business - No P.O. Box # <b>800 Brickell Ave</b>	3. Mailing Address <b>800 Brickell Ave</b>
Suite, Apt. #, etc. <b>PH 1</b>	Suite, Apt. #, etc. <b>PH 1</b>
City & State <b>Miami FL</b>	City & State <b>Miami FL</b>
Zip <b>33131</b>	Country <b>US</b>

1st MOORE CR2E083 (10/07)

4. FEI Number <b>72-1554369</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>TRACY, GRANVIL M ONE SE 3RD AVE STE 3100 MIAMI FL 33131</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>800 Brickell Ave PH 1</b> City <b>Miami</b> FL Zip Code <b>33131</b>	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

<p><b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008, Fee Will Be \$538.75</b> <b>Make Check Payable to Florida Department of State</b></p>	
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM GRANVIL, TRACY ONE SE 3RD AVE STE 3100 MIAMI FL 33131</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>800 Brickell Ave PH 1 Miami, FL 33131</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** GRANVIL TRACY 4/14/08 305-350-1904  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #