

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90081 008 ****50.00

DOCUMENT # L03000010068

1. Entity Name

NRPII ASSOCIATES GP, LLC



Principal Place of Business

115 N.W. 167 STREET
STE. 300
NORTH MIAMI BEACH FL 33169

Mailing Address

115 N.W. 167 STREET
STE. 300
NORTH MIAMI BEACH FL 33169

2. Principal Place of Business

3. Mailing Address

St One SE 3rd Avenue
Suite 3100
Ci Miami, FL 33131

Su One SE 3rd Avenue
Suite 3100
Cit Miami, FL 33131

Zi

Zip



MOORE

CR2E083 (11/03)

4. FEI Number

13-4245755

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 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

(Name is 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

10.

CTIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
~~GRANVIL TRACY~~
~~ONE SE 3rd Ave~~
~~STE 3100~~
~~MIAMI FL 33131~~

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
One SE 3rd Avenue
Suite 3100
Miami, FL 33131

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
Tracy, Granvil
ONE SE 3rd Ave, Suite 3100
MIAMI FL 33131

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

11. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

GRANVIL TRACY 4/27/04 305-654-1502

Date

Daytime Phone #