

SALOMON BROTHERS MUNICIPAL PARTNERS FUND II INC  
 Form 3  
 August 03, 2006

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

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**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,  
 Section 17(a) of the Public Utility Holding Company Act of 1935 or Section  
 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person *			2. Date of Event Requiring Statement	3. Issuer Name <b>and</b> Ticker or Trading Symbol	
Â ALBERTS BRUCE D			(Month/Day/Year)	SALOMON BROTHERS MUNICIPAL PARTNERS FUND II INC [MPT]	
(Last)	(First)	(Middle)	08/01/2006	4. Relationship of Reporting Person(s) to Issuer	
	(Street)			(Check all applicable)	
				5. If Amendment, Date Original Filed(Month/Day/Year)	
				6. Individual or Joint/Group Filing(Check Applicable Line)	
				___ Form filed by One Reporting Person	
				_X_ Form filed by More than One Reporting Person	
				___ Director ___ 10% Owner	
				___ Officer _X_ Other	
				(give title below) (specify below)	
				CFO of Sub-Advisor	
(City)	(State)	(Zip)			

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
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Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. SEC 1473 (7-02)

**Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.**

**Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable      Expiration Date	Title      Amount or Number of Shares			

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
ALBERTS BRUCE D ^ Fleet David Daniel 385 E. COLORADO BLVD. PASADENA, CA 91101	^	^	^	CFO of Sub-Advisor
HIRSCHMANN JAMES W III ^	^	^	^	Director & CEO of Sub-Advisor
JAMES GAVIN L ^	^	^	^	Dir Gbl Client Svcs of SubAdvi
LEECH STEPHEN K ^	^	^	^	CIO of Sub-Advisor
MCSHEA GREGORY B ^	^	^	^	Secretary of Sub-Advisor
WALSH STEPHEN A ^	^	^	^	Deputy CIO of Sub-Advisor

## Signatures

Lisa Mrozek by Power of Attorney for Bruce D. Alberts __Signature of Reporting Person	08/03/2006 Date
Lisa Mrozek by Power of Attorney for D. Daniel Fleet __Signature of Reporting Person	08/03/2006 Date
Lisa Mrozek by Power of Attorney for James W. Hirschmann __Signature of Reporting Person	08/03/2006 Date
Lisa Mrozek by Power of Attorney for Gavin L. James __Signature of Reporting Person	08/03/2006 Date
Lisa Mrozek by Power of Attorney for S. Kenneth Leech __Signature of Reporting Person	08/03/2006 Date
Lisa Mrozek by Power of Attorney for Gregory B. McShea __Signature of Reporting Person	08/03/2006 Date

Lisa Mrozek by Power of Attorne for Stephen A. Walsh

08/03/2006

\_\_Signature of Reporting Person

Date

## Explanation of Responses:

### No securities are beneficially owned

\* If the form is filed by more than one reporting person, *see* Instruction 5(b)(v).

\*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. *See* 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *See* Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.