
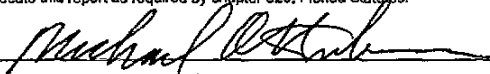


FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE.

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership		1a. DOCUMENT # B96000000029	
NAB ASSET VENTURE III, L.P. LIMITED PARTNERSHIP			
Mailing Address <del>5851 SAN FELIPE SUITE 300</del> <del>HOUSTON TX 77057</del>		Principal Office Address C/O CORPORATION TRUST CENTER 1209 ORANGE STREET WILMINGTON DE 19801	
2. Mailing Address 12705 S. KIRKWOOD		2a. Principal Office Address	
Suite, Apt. #, etc. SUITE 218		Suite, Apt. #, etc.	
City & State STAFFORD, TX		City & State	
Zip 77477		Country USA	
3. Date Formed or Registered 01/19/1996		5a. Capital Contributions as Shown on record. \$5,494,807.00	
3a. Date of Last Report 01/02/1998		5b. Amount of Capital Contributions in FLORIDA to date: 93,396	
4. State or Country of Formation DE		6. FEI Number 76-0415223	
7. Certificate of Status Desired		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
8. Make check payable to: Dept. of State (See reverse side for fee information)		\$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.			
SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____			
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.			
11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
ASSET COLLECTORS, L.P.	<del>5851 SAN FELIPE, SUITE</del> 12705 S. KIRKWOOD SUITE 218	HOUSTON TX 77057 STAFFORD, TX 77477	B96000000294 000002737980--9 01/12/99--01053--005 ***526.25 ***526.25
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.			
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.			
SIGNATURE 		DATE 12-14-98	
Typed or Printed Name of General Partner Signing Form MICHAEL HREBENCAR		Daytime Telephone Number (281) 265-5328 #314	

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 DEC 22 PM 1:12



CR2E003 (8/98)