

FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 JAN 07 PM 12:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2/1/97

1. Name of Limited Partnership NAB ASSET VENTURE II, L.P. LIMITED PARTNERSHIP		1a. DOCUMENT # B96000000030	
2. Mailing Address C/O CORPORATION TRUST CENTER 1209 ORANGE STREET WILMINGTON, DE 19801		2a. Principal Office Address C/O CORPORATION TRUST CENTER 1209 ORANGE STREET WILMINGTON, DE 19801	
3. Date Formed or Registered 01-19-1996		5a. Capital Contributions as Shown on record \$180,669.00	
3a. Date of Last Report		5b. Amount of Capital Contributions in FLORIDA to date 70,546.00	
4. State or Country of Formation DE		6. FEI Number 76-0392281	
7. Certificate of Status Desired		8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent CT CORPORATION 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
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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) ASSET COLLECTORS, LTD.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 5851 SAN FELIPE SUITE #300	11b. City, State & Zip Code HOUSTON, TEXAS	11c. Registration/Document Number B96000000254
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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

CHRISTOPHER D. WINTERS

DATE 12/30/96

Typed or Printed Name of General Partner Signing Form

AUTHORIZED SIGNATORY

Daytime Telephone Number (713) 952-6800

ASSET COLLECTORS, LTD

CR2E003 (6/96)