


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

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 <p>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</p>		<p>FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 DEC 22 PM 1:06</p>	
1. Name of Limited Partnership NAB ASSET VENTURE II, L.P. LIMITED PARTNERSHIP		1a. DOCUMENT # B96000000030			
Mailing Address 5851 SAN FELIPE SUITE 300 HOUSTON TX 77057		Principal Office Address C/O CORPORATION TRUST CENTER 1209 ORANGE STREET WILMINGTON DE 19801		3. Date Formed or Registered 01/19/1996 3a. Date of Last Report 01/02/1998 4. State or Country of Formation DE	
2. Mailing Address 12705 S. WILKWOOD SUITE 218 STAFFORD, TX 77477 USA		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		5a. Capital Contributions as Shown on record. \$180,669.00 5b. Amount of Capital Contributions in FLORIDA to date: 38,157	
6. FEI Number 76-0392281		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable			
7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		8. Make check payable to: Dept. of State (See reverse side for fee information) 355.85			

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
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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, L.P.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 5851 SAN FELIPE, SUITE 12705 S. WILKWOOD SUITE 218	11b. City, State & Zip Code HOUSTON TX 77057 STAFFORD, TX 77477	11c. Registration/Document Number B94000000294 700002738457--0 -01/12/98--01077--014 ***355.85 ***355.85
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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 _____

DATE _____

12-14-98

Typed or Printed Name of General Partner Signing Form

MICHAEL A. HREBENAR

Daytime Telephone Number

281-265-5328 #314

CR2E003 (8/98)