


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 25, 2006 08:00 AM
Secretary of State

DOCUMENT # M04000004963 1. Entity Name NTS REALTY PARTNERS, LLC		
Principal Place of Business 10172 LINN STATION ROAD LOUISVILLE, KY 40223	Mailing Address 10172 LINN STATION ROAD LOUISVILLE, KY 40223	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$50.00 Due by May 1, 2006		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MTR NICHOLS, J D 10172 LINN STATION ROAD LOUISVILLE, KY 40223	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LAVIN, BRIAN F 10172 LINN STATION RD LOUISVILLE, KY 402223	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP WELLS, GREGORY A 10172 LINN STATION RD LOUISVILLE, KY 40223	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT PITCHFORD, DAVID B 10172 LINN STATION RD LOUISVILLE, KY 40223	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HOWARD, SUSAN M 10172 LINN STATION RD LOUISVILLE, KY 40223	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Susan M. Howard, Secretary</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<u>4/17/06</u> <u>(502) 426-4800</u> <small>Date Daytime Phone #</small>



01312006No Chg-LLC

CR2E083 (11/05)

4. FEI Number

90-0178488

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

000000532210
05/06/06-80071-016 50.00

**DO NOT WRITE
IN THIS SPACE**