

2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000004963

Entity Name: NTS REALTY PARTNERS, LLC**Current Principal Place of Business:**500 NORTH HURSTBOURNE PARKWAY
SUITE 400
LOUISVILLE, KY 40222**Current Mailing Address:**500 NORTH HURSTBOURNE PARKWAY
SUITE 400
LOUISVILLE, KY 40222 US**FEI Number:** 90-0178488**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Authorized Person(s) Detail :**

Title CHAIRMAN & MANAGER

Name NICHOLS, J D

Address 500 NORTH HURSTBOURNE
PARKWAY
SUITE 400

City-State-Zip: LOUISVILLE KY 40222

Title PRESIDENT

Name LAVIN, BRIAN F

Address 500 NORTH HURSTBOURNE
PARKWAY
SUITE 400

City-State-Zip: LOUISVILLE KY 40222

Title EXECUTIVE VICE PRESIDENT

Name WELLS, GREGORY A

Address 500 NORTH HURSTBOURNE
PARKWAY
SUITE 400

City-State-Zip: LOUISVILLE KY 40222

Title SENIOR VP & TREASURER

Name PITCHFORD, DAVID B

Address 500 NORTH HURSTBOURNE
PARKWAY
SUITE 400

City-State-Zip: LOUISVILLE KY 40222

Title SENIOR VP & SECRETARY

Name TAFEL, ROSANN D

Address 500 NORTH HURSTBOURNE
PARKWAY
SUITE 400

City-State-Zip: LOUISVILLE KY 40222

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ROSANN D TAFEL**SECRETARY****04/20/2017**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date