

2018 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

SENIOR VP/SEC

04/26/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date