

2001 UI FORM BUSINESS REPORT (UBR)

DOCUMENT # **A16111**

1. Entity Name

NTS-PROPERTIES IV, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JUL -5 PM 2:23

Principal Place of Business
c/o NTS Corporation
10172 Linn Station Rd.
Louisville, KY 40223

Mailing Address
c/o NTS Corporation
10172 Linn Station Rd.
Louisville, KY 40223

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 61-1026356

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. \$1,460,000.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # A27382
NAME NTS PROPERTIES ASSOCIATES IV, LTD.
STREET ADDRESS 10172 LINN STATION RD.
CITY-ST-ZIP LOUISVILLE, KY 40223

13. ADDRESS CHANGES ONLY

STREET ADDRESS
CITY-ST-ZIP 400004484264--5
-07/18/01--01042--023
****526.25 ****526.25

DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

NTS-PROPERTIES ASSOCIATES IV
BY: NTS CAPITAL CORPORATION, GENERAL PARTNER

SIGNATURE: *By: Susan M. Howard Secretary*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/29/01 (502)426-4800
Date Daytime Phone #

CR2E003 (11/00)