2000	UNIFORM	u buai	NESS REPU	וחי	(UDN)	 	APPROVED		
DOCUMENT # A17607							AND FILED		
NTS/FORT LAUDERDALE, LTD.							MAR 30 AM 10:		
Principal Place of Business Mailing Address						SE(CRETARY OF STA AHASSEE, FLOR	IE 17/ 4/10	
10172 LINN STATION RD. LOUISVILLE KY 40223 10172 LINN STATION RD. LOUISVILLE KY 40223-3887					, , , , ,	-MUMBBEE, FLUR	IDA U		
2. Principal Place of Business 3. Mailing Address									
Suite, Apt. #, etc. Suite, Apt. #, etc.						DO NOT WRITE IN THIS SPACE			
City & State City & State						4. FEI Number	61-1057343	Applied For	
Zip Country			Zip	Country		5. Certificate of	f Status Desired	Not Applicable \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent				
or traine and requires of salitant higherens right					Name				
ADAMS, GARY D % UNIVERSITY BUSINESS CENTER					Street Address (P.O. Box Number is Not Acceptable)				
3300 UNIVERSITY BLVD.									
WINTER PARK FL 32792					City FL Zip Code				
. The above	named entity submits th	is statement for	the purpose of changing its	register	ed office or re	gistered agent, or both	, in the State of Florida.		
IGNATURE .	Simple band as added	-Caralatarad annut on	d title d appliantia (NOT	E: Degretere	d Agent signature r	required when reinstating)	DAT	F	
Comital Contributions Amount of Conital Con						equired when temotating)	11. MAKE CHECK PAYA		
as Shown	on record. ♦ اینا A GENERAL	35,636.00 . PARTNER TH	in FLORIDA to d	TITY M	UST BE RE	GISTERED AND A	TIVE WITH THIS OFF	FOR FEE INFORMATION ICE.	
NOTE: General Partners MAY NOT be changed on the 1 GENERAL PARTNER INFORMATION					; an amend	ADDRESS CHANGES ONLY			
CUMENT#					EET ADDRESS				
ame Treet address Ty-st-zip	NICHOLS, J.D. 10172 LINN STATIO LOUISVILLE KY 402		стъ		01	0000321 -04/19/00-	39206 -01014001		
OCUMENT#				STRI	EET ADDRESS		***1091.2	5. ****526.25	
TREET ADDRESS	ADAMS, GARY D. 5350 SHORELINE C SANFORD FL 3277			СПҮ	-ST-28P				
ocument# Ame	P05990 NTS CAPITAL CORI		+	- STRI	EET ADORESS*	* * * * * * * * * * * * * * * * * * *	- 4° 1, 14		
TREET ADDRESS	10172 LINN STATIO LOUISVILLE KY 402			СПҮ	-ST-ZIP		- 	<u> </u>	
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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

3|2|00 Date SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Secretary

(502)426-4800 Daytime Phone #