


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A17607 1. Entity Name NTS/FORT LAUDERDALE, LTD.	
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FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03162004 Chg-LP CR2E003 (10/03)

6. Name and Address of Current Registered Agent	
ADAMS, GARY D 5350 SHORELINE CIRCLE LAKE FOREST, FL 32771	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable) 690 Lake Forest Boulevard	
City Lake Forest	State FL Zip Code 32771

4. FEI Number 61-1057343	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 _____
Signature, typed or printed name of registered agent and title if applicable. DATE _____

9. Capital Contributions as Shown on record. \$1,335,636.00	10. Amount of Capital Contributions in FLORIDA to date.
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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		13. ADDRESS CHANGES ONLY	
DOCUMENT #		STREET ADDRESS	
NAME	NICHOLS, J.D.	CITY-ST-ZIP	
STREET ADDRESS	10172 LINN STATION ROAD		
CITY-ST-ZIP	LOUISVILLE, KY 40223		
DOCUMENT #		STREET ADDRESS	
NAME	ADAMS, GARY D.	CITY-ST-ZIP	
STREET ADDRESS	5350 SHORELINE CIR.		
CITY-ST-ZIP	SANFORD, FL 32771		
DOCUMENT #	P05990	STREET ADDRESS	
NAME	NTS CAPITAL CORPORATION	CITY-ST-ZIP	
STREET ADDRESS	10172 LINN STATION RD.		
CITY-ST-ZIP	LOUISVILLE, KY 40223		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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 05/11/04--01091--011 **526.25

[Signature]

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

SIGNATURE: *By: Susan M Howard, Secretary*
 NTS Capital Corporation General Partner
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
 Susan M Howard, Secretary
 Date: 4/20/04
 Daytime Phone #: (502) 426-4800

STAPLE CHECK HERE