


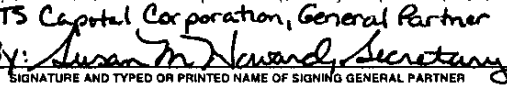
2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED

2005 APR 26 PM 12: 29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A17607					
1. Entity Name NTS/FORT LAUDERDALE, LTD.					
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	
6. Name and Address of Current Registered Agent ADAMS, GARY D 690 LAKE FOREST BOULEVARD LAKE FOREST, FL 32771				7. Name and Address of New Registered Agent Name James F. Heekin, Jr. Street Address (P.O. Box Number is Not Acceptable) 215 N. Eola Drive City Orlando FL Zip Code 32801	
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  DATE 4/22/05					
9. Capital Contributions as Shown on record. \$1,335,636.00					
10. Amount of Capital Contributions in FLORIDA to date.					
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 #	NAME		STREET ADDRESS		
	NICHOLS, J.D.				
	STREET ADDRESS		CITY-ST-ZIP		
	10172 LINN STATION ROAD				
	CITY-ST-ZIP				
	LOUISVILLE, KY 40223				
DOCUMENT #	NAME		STREET ADDRESS		
	ADAMS, GARY D.				
	STREET ADDRESS		CITY-ST-ZIP		
	5350 SHORELINE CIR.				
	CITY-ST-ZIP				
	SANFORD, FL 32771				
DOCUMENT #	NAME		STREET ADDRESS		
	P05990				
	STREET ADDRESS		CITY-ST-ZIP		
	10172 LINN STATION RD.				
	CITY-ST-ZIP				
	LOUISVILLE, KY 40223				
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	STREET ADDRESS		CITY-ST-ZIP		
	CITY-ST-ZIP				
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 Capital Corporation, General Partner					
SIGNATURE:  DATE 4/21/05 (502) 426-4800					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Susan M. Howard, Secretary					

STAPLE CHECK HERE