


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Apr 25, 2006 08:00 AM
Secretary of State

DOCUMENT #A17607 1. Entity Name NTS/FORT LAUDERDALE, LTD.	
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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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01312006 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 61-1057343	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HEEKIN, JAMES F. JR 215 N. EOLA DRIVE ORLANDO, FL 32801
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**DO NOT WRITE
IN THIS SPACE**

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

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

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 #	
NAME	NICHOLS, J.D.
STREET ADDRESS	10172 LINN STATION ROAD
CITY-ST-ZIP	LOUISVILLE, KY 40223
DOCUMENT #	P05990
NAME	NTS CAPITAL CORPORATION
STREET ADDRESS	10172 LINN STATION RD.
CITY-ST-ZIP	LOUISVILLE, KY 40223
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/06/06-80105-011 500.00

**DO NOT WRITE
IN THIS SPACE**

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *By: Susan M. Howard, Secretary*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Susan M. Howard, Secretary

4/17/06

Date

(502) 426-4800

Daytime Phone #

STAPLE CHECK HERE