

2007 LIMITED PARTNERSHIP ANNUAL REPORT**Due By May 1, 2007****POSTING AUTHORIZATION**

Date **FILED**
 Profit Center **Apr 27, 2007 08:00 A**
 Account Code **Secretary of State**
 Job Cost _____
 Property / Project Manager _____
 Property / Project Senior Manager _____

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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01042007 Chg-LP CR2E003 (12/06)

4. FEI Number

61-1057343

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**

HEEKIN, JAMES F. JR
 215 N. EOLA DRIVE
 ORLANDO, FL 32801

7. Name and Address of New Registered Agent

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. 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, 2007, 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**13. ADDRESS CHANGES ONLY**

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

000000739045
 05/14/07-80003-012 500.00

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* YP/Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/10/07

(502) 426-4800

Date

Daytime Phone #