

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Jan 31, 2008 08:00 AM
Secretary of State

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



01092008 No Chg-LP

CR2E003 (12/06)

4. FEI Number
61-1057343

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**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, 2008, 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	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

UD00000809654
02/08/08-80031-006 500.00

**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, VP/Sec* Susan M. Howard, VP/Sec 1/14/2008 (502) 426-4800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #