## 2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

## FILED Apr 29, 2004 08:00 AM Secretary of State

| DOCUMENT # A18912  1. Entity Name NTS-PROPERTIES V, A MARYLAND LIMITED PARTNERSHIP  |   |   |  | Secreta   | ry of State   |
|---|---|---|--|---|---|
| Principal Place of Business  Mailing Address  NTS CORPORATION  10172 LINN STATION RD. LOUISVILLE, KY 40223  Mailing Address  NTS CORPORATION  10172 LINN STATION RD. LOUISVILLE, KY 40223 |   | ON RD.  |  | <br>  | TA BINTA OLEH CISHNI DI REDI  |
| Principal Place of Business     Mailing Address   |   |   |  |   |   |
| Suite, Apt. #, etc. Suite, Apt. #, etc.   |   | .,  |  | 03162004 Chg-LP CR2E  | 003 (10/03)   |
| City & Stale  | City & State City & State   |   |  | 4. FEI Number<br>61-1051452   | Applied For<br>Not Applicable   |
| Zip Country   | Zip   | Country   | y  | 5. Certificate of Status Desired  | \$8.75 Additional<br>Fee Required                                     |
| 6. Name and Address of Curr   | ent Registered Agent  |   | Name   | 7. Name and Address of New Registered                                       | Agent   |
| C T CORPORATION SYSTEM<br>1200 S. PINE ISLAND ROAD<br>PLANTATION, FL 33324  |   | -   | Street Address (P.O. Box Number is Not Acceptable) |   |   |
|   |   |   | City   | FL  | Zip Code  |
| The above named entity submits this statement the obligations of registered agent.  | et for the purpose of changing  | g its registered                                    | d office or register                               | ed agent, or both, in the State of Florida. I am                            | familiar with, and accept   |
| SIGNATURE Signature typed or printed name of registered a   | gent and little if applicable   |   |  | DATE  |   |
| 9. Capital Contributions as Shown on record. \$8,000,000.00   | 10. Amount of Ca<br>in FLORIDA t  |   | utions   |   |   |
|   |   |   |  | TERED AND ACTIVE WITH THIS OFFIC<br>It must be filed to change a general pa |   |
| 12. GENERAL PART  | NER INFORMATION   | 13.   |  | ADDRESS CHANGES ON  |   |
| DOCUMENT# A27385  NAME NTS-PROPERTIES ASSOCIATES V  |   | STREET  | ADDRESS  |   |   |
| STREET ADDRESS 10172 LINN STATION RD CITY-ST-ZIP LOUISVILLE, KY 40223   |   | CITY-S  | ST - ZIP   |   |   |
| DOCUMENT # NAME   |   | STREET ADDRESS                                      |  | U00000157707  |   |
| STREET AOOHESS CITY - ST - ZIP  |   | GITY : S  | ST-ZIP   | 05/06/04-80037  | -019 526.25   |
| DOCUMENT # NAME   |   | STREET  | T ADDRESS  |   |   |
| STREET ADDRESS CITY ST-ZIP  |   | CITY-S  | ST - ZIP   |   |   |
| DOCUMENT # NAME   |   | STREET  | T ADDRESS  |   |   |
| SIREET ADDRESS CITY ST-ZIP  DOCUMENT /  |   | CITY-S  | ST-ZIP   |   |   |
| DOCUMENT /  |   | STREET  | T ADDRESS  |   |   |
| MAME STREET ADDRESS CITY-ST-ZIP   |   | CITY-S  | ST - ZIP   |   |   |
| DOCUMENT #  |   | STREET  | TADDRESS   |   |   |
| STREET ADDRESS<br>CITY-ST-ZIP   |   | CITY-S  |  |   | <u>.</u>  |
| the receiver or trustee empowered to execut  NT3-Properties  By: NT3 Caputal  | and that my signature shall he<br>e this report as required by C<br>s. Associates V, Gene<br>Corporation, General | lave the same I<br>Chapter 620, Flo<br>eral Partmer | legal ellect as it r<br>lorida Statutes            | nade under dath, that I am a General Martner o                              | artify that the information of the limited partnership or 2) 426-4800 |
| SIGNATURE: SY June SIGNATURE AND TYPE   | DOR PRINTED NAME OF SIGNING GE<br>HOW ard, Secretar   | ENERAL PARTNER                                      |  | Cate  | Daytene Phone #   |