

**FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT  
TO REVOCATION AND \$500 PENALTY FEE**

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| <b>LIMITED PARTNERSHIP<br/>ANNUAL REPORT<br/>1998</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
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FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

97 NOV 17 PM 2: 10



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| <b>1. Name of Limited Partnership</b><br>NTS/SABAL OFFICE LIMITED PARTNERSHIP | <b>1a. DOCUMENT #</b><br><b>A20271</b> |
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| <b>2. Mailing Address</b><br>10172 LINN STATION ROAD<br>LOUISVILLE KY 40223 |  | <b>2a. Principal Office Address</b><br>10172 LINN STATION ROAD<br>LOUISVILLE KY 40223 |
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| <b>3. Date Formed or Registered</b><br>07/02/1985                                      | <b>5a. Capital Contributions as Shown on record.</b><br><b>\$50,100.00</b>                 |
| <b>3a. Date of Last Report</b><br>03/07/1997   | <b>5b. Amount of Capital Contributions in FLORIDA to date</b>                              |
| <b>4. State or Country of Formation</b><br>FL  | <b>6. FEI Number</b><br>61-1075907   |
| <b>7. Certificate of Status Desired</b>  | <input type="checkbox"/> Applied For<br><input checked="" type="checkbox"/> Not Applicable |
| <b>8. Make check payable to: Dept. of State (See reverse side for fee information)</b> |  |

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| <b>9. Name and Address of Current Registered Agent</b><br>ADAMS, GARY D<br>C/O UNIVERSITY BUSINESS CENTER<br>3300 UNIVERSITY BLVD., SUITE 150<br>WINTER PARK FL 32792 |
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| <b>10. If changed, new Registered Agent/Office</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>Suite, Apt. #, etc.<br>City | 500002354769--9<br>-11721797-01113-013<br>****489.45 ****489.45<br>FL |
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**10a.** Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

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| <b>11. Name(s) of General Partner(s)</b><br>NICHOLS, J D<br>NTS CAPITAL CORPORATION<br>ADAMS, GARY D | <b>11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)</b><br>10172 LINN STATION RD<br>10172 LINN STATION RD<br>3300 UNIVERSITY BLVD. | <b>11b. City, State &amp; Zip Code</b><br>LOUISVILLE KY 40223<br>LOUISVILLE KY<br>WINTER PARK FL 32792 | <b>11c. Registration/Document Number</b><br>P05990 |
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**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

**12.** I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

NTS/Sabal Office Limited Partnership By: NTS Capital Corporation,  
 General Partner  
 SIGNATURE By: Susan M. Howard, Assistant Secretary DATE 11/10/97  
 Typed or Printed Name of General Partner Signing Form Susan M. Howard Daytime Telephone Number 505-426-4800

CP2E003 (6/97)