

**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 NOV 20 PM 1:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership
NTS-PROPERTIES VII, LTD.

1a. DOCUMENT #
A24440

Mailing Address 10172 LINN STATION RD. LOUISVILLE KY 40223	Principal Office Address 10172 LINN STATION RD. LOUISVILLE KY 40223
2. Mailing Address Suite, Apt. #, etc.	2a. Principal Office Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

3. Date Formed or Registered 04/28/1987	5a. Capital Contributions as Shown on record. \$40,000,000.00
3a. Date of Last Report 01/13/1998	
4. State or Country of Formation FL	5b. Amount of Capital Contributions in FLORIDA to date.
6. FEI Number 61-1119232	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. If changed, new Registered Agent/Office

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc.
City FL Zip Code

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.

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
NTS-PROPERTIES ASSOCIATES VI	10172 LINN STATION RD	LOUISVILLE KY	G93047900038
1 00002699391 -- 4 -12/01/98--01080--008 ***526.25 ***526.25 AL NOV 23 1998			

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-Properties VII, Ltd., By: NTS-Properties Associates VII, General Partner, By: NTS Capital Corporation, General Partner, By: Susan M Howard, VP/Sec DATE *10/21/98*

Typed or Printed Name of General Partner Signing Form Susan M Howard, VP/Sec Daytime Telephone Number (502) 426-4800

CR2E003 (8/98)