

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A24440
1. Entity Name
 NTS-PROPERTIES VII, LTD.

FILED
 01 APR 16 PM 12:04
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
af

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
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

Zip **Country**

Zip **Country**

4. FEI Number 61-1119232

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

Applied For
Not Applicable

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
 1200 S. PINE ISLAND RD.
 PLANTATION, FL 33324

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$40,000,000.00 **10. Amount of Capital Contributions in FLORIDA to date.**

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

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 #	G93047900038	STREET ADDRESS	
NAME	NTS-PROPERTIES ASSOCIATES VII	CITY-ST-ZIP	
STREET ADDRESS	10172 LINN STATION RD.		
CITY-ST-ZIP	LOUISVILLE, KY 40223		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	700004082717--5
NAME		CITY-ST-ZIP	-04/26/01--01113--020
STREET ADDRESS			****526.25 ****526.25
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

CR2E003 (11/00)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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-PROPERTIES ASSOCIATES V II
 BY: NTS CAPITAL CORPORATION, GENERAL PARTNER

SIGNATURE: *By: Susan M. Newland Secretary* **3/29/01** **(502) 426-4800**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #