


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

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

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



Principal Place of Business  
C/O NTS CORPORATIONS  
10172 LINN STATION RD.  
LOUISVILLE, KY 40223

Mailing Address  
C/O NTS CORPORATIONS  
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



03162004 Chg-LP CR2E003 (10/03)

4. FEI Number  
61-1119232

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

C T CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ 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.

**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			
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CITY - ST - ZIP			

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05/06/04 80037 016 526.25

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

**SIGNATURE:** By: Susan M Howard, Secretary  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date: 4/20/04 Daytime Phone #: (502) 426-4800

STAPLE CHECK HERE

Susan M Howard, Secretary