

FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
 WILL BE SUBJECT TO REVOCATION AND \$50 PENALTY FEE

LIMITED PARTNERSHIP
 ANNUAL REPORT
 1997



DEPARTMENT OF STATE
 Sandra Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

97 MAR -7 AM 8:19

A24912

1. Name of Limited Partnership	1a. DOCUMENT # A24912
NTS-PROPERTIES ASSOCIATES VI, LTD.	

Mailing Address 10172 Linn Station Rd. Louisville, Ky. 40223	Principal Office Address 10172 Linn Station Rd Louisville, Ky. 40223	3. Date Formed or Registered 07/23/87	5a. Capital Contributions as Shown on record. \$275.00 ✓
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report 12/95	5b. Amount of Capital Contributions in FLORIDA to date
Site, Apt #, etc.	Suite, Apt #, etc.	4. State or Country of Formation KY	6. FILING # 61-1085061 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip Country	Zip Country	8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent CT Corporation 200 S Pine Island Rd 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
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WF 3/11

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
J. D. Nichols	10172 Linn Station Rd.	Louisville, Ky.	
NTS Capital Corporation	10172 Linn Station Rd.	Louisville, Ky.	P05990 ✓
Richard L. Good	10172 Linn Station Rd.	Louisville, Ky.	600002110306--8 -03/11/97--01117--012 ****191.25 ****191.25

CR2E003 (6/96)

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.

SIGNATURE By: Susan M. Howard, V.P./Asst. Secretary DATE 2/5/97
 Typed or Printed Name of General Partner Signing Form SUSAN M. HOWARD Daytime Telephone Number 502/426-4800