

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *A24912*

1. Entity Name
NTS-PROPERTIES ASSOCIATES VI, LTD.

FILED

01 APR 24 PM 4:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

**10172 LINN STATION RD.
LOUISVILLE, KY 40223** **10172 LINN STATION RD.
LOUISVILLE, KY 40223**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4/24

DO NOT WRITE IN THIS SPACE

MJH

4. FEI Number Applied For

61-1066061 Not Applicable

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

6. Name and Address of Current Registered Agent

**CT 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.

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. **\$275.00**

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	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	NICHOLS, JD 10172 LINN STATION RD. LOUISVILLE, KY 40223
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	GOOD, RICHARD L. 10172 LINN STATION RD. LOUISVILLE, KY 40223
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	NTS CAPITAL CORPORATION 10172 LINN STATION RD. LOUISVILLE, KY 40223
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	FF \$141.25
CITY-ST-ZIP	
STREET ADDRESS	700004086687--6
CITY-ST-ZIP	-04/30/01--01009--003
	****193.75 ****141.25
STREET ADDRESS	
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

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

4/3/01 *(502)426-4800*
Date Daytime Phone #