


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

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

DOCUMENT # A24912
 1. Entity Name
 NTS-PROPERTIES ASSOCIATES VI, LTD.



Principal Place of Business
 10172 LINN STATION ROAD
 LOUISVILLE, KY 40223

Mailing Address
 10172 LINN STATION ROAD
 LOUISVILLE, KY 40223

2. Principal Place of Business

Suite, Apt #, etc.

City & State

Zip Country



03162004 Chg-LP CR2E003 (10/03)

4. FEI Number
 61-1066061

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 \$275.00

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 # | NICHOLS, J.D. | STREET ADDRESS | |
| NAME | 10172 LINN STATION RD. | CITY - ST - ZIP | |
| STREET ADDRESS | LOUISVILLE, KY | | 1100000157022 |
| CITY - ST - ZIP | | | 05/06/04-80009-005 141.25 |
| DOCUMENT # | P05990 | STREET ADDRESS | |
| NAME | NTS CAPITAL CORPORATION | CITY - ST - ZIP | |
| STREET ADDRESS | 10172 LINN STATION RD. | | |
| CITY - ST - ZIP | LOUISVILLE, KY | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY - ST - ZIP | |
| STREET ADDRESS | | | |
| CITY - ST - ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | |
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| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY - ST - ZIP | |
| STREET ADDRESS | | | |
| CITY - ST - ZIP | | | |

STAPLE CHECK HERE

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: By: Susan M Howard, Secretary 4/20/04 (502) 426-4800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #
 Susan M Howard, Secretary