


**2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005**

**FILED
May 16, 2005 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		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
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 #	NAME	STREET ADDRESS	
	NICHOLS, J.D.		
STREET ADDRESS	10172 LINN STATION RD.	CITY - ST - ZIP	
	LOUISVILLE, KY		
DOCUMENT #	NAME	STREET ADDRESS	
	PO5990 NTS CAPITAL CORPORATION		
STREET ADDRESS	10172 LINN STATION RD.	CITY - ST - ZIP	
	LOUISVILLE, KY		
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STREET ADDRESS		CITY - ST - ZIP	
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: <i>Susan M. Howard, Secretary</i>		Date: <i>4/28/05</i> Daytime Phone #: <i>(502) 426-4800</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER <i>Susan M. Howard, Secretary</i>			



03212005 Chg-LP CR2E003 (10/03)

4. FEI Number **61-1066061** Applied For Not Applicable

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

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05/16/05-80024-012 141.25

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