

2003 LIMITED PARTNERSHIP UNIFORM-BUSINESS REPORT (UBR)

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✓ 3/27

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAR 25 AM 8:38

DOCUMENT # A24912 1. Entity Name NTS-PROPERTIES ASSOCIATES VI, LTD.	
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Principal Place of Business 10172 LINN STATION ROAD LOUISVILLE KY 40223	Mailing Address 10172 LINN STATION ROAD LOUISVILLE KY 40223
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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DUE BY MAY 1, 2003	
4. FEI Number 61-1066061	Applied For <input type="checkbox"/> Not Applicable

City & State	City & State
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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
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10. Amount of Capital Contributions in FLORIDA to date.

**11. MAKE CHECK PAYABLE TO FL. 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 #	NICHOLS, J.D.
NAME	10172 LINN STATION RD. LOUISVILLE KY
STREET ADDRESS	10172 LINN STATION RD. LOUISVILLE KY
CITY-ST-ZIP	10172 LINN STATION RD. LOUISVILLE KY
DOCUMENT #	P05990
NAME	NTS CAPITAL CORPORATION
STREET ADDRESS	10172 LINN STATION RD. LOUISVILLE KY
CITY-ST-ZIP	10172 LINN STATION RD. LOUISVILLE KY
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	
CITY-ST-ZIP	400014684594
STREET ADDRESS	03/25/03 01063 029 **141.25
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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)(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

by: *NTS Capital Corporation, General Partner*
SIGNATURE: *Susan M. Howard, Secretary* 3/13/03 (502) 426-4800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)