

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *A27382*
1. Entity Name
NTS-PROPERTIES ASSOCIATES IV, LTD.

Principal Place of Business
10172 LINN STATION RD.
LOUISVILLE, KY 40223

Mailing Address
10172 LINN STATION RD.
LOUISVILLE, KY 40223

FILED

01 MAY -1 AM 11:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 61-1026355		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

9. Capital Contributions as Shown on record. \$200.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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	CITY-ST-ZIP
	NICHOLS, JD		
STREET ADDRESS	10172 LINN STATION RD.		
CITY-ST-ZIP	LOUISVILLE, KY 40223		
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	F94000004220		
STREET ADDRESS	ALLIANCE REALTY CORP.		
CITY-ST-ZIP	500 N BROADWAY		
	ST. LOUIS MO		
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	P05990		
STREET ADDRESS	NTS CAPITAL CORPORATION		
CITY-ST-ZIP	10172 LINN STATION RD.		
	LOUISVILLE, KY 40223		
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
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CITY-ST-ZIP			
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CITY-ST-ZIP			
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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)(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 20, Florida Statutes

NTS CAPITAL CORPORATION, GENERAL PARTNER

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

3/29/01
Date

(502) 426-4800
Daytime Phone #

CR2E003 (11/00)