FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

	DIVISION	CONFORMIO			
1. Name of Limited Partnership	1a. DOCU A27385			97 MAR -7 AM 8: 19	
NTS-PROPERTIES ASSOCIATES	V, LTD.				
Mailing Address Principal Office Address  10172 Linn Station Rd. 10172 Linn Station Rd			3. Date Formed or Registered 11/15/88 38. Date of Lest Report	5a. Capital Contributions as Shown on record.	
Louisville, Ky. 40223  Louisville, Ky. 40223  2. Mailing Address  28. Principal Office Address			12/95 4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date	
<u> </u>					
Suite, Apt. #, etc.	Suite, Apt #, etc.			Applied For Not Applicable	
City & State	City & State		61-1051454  7. Certificate of Status Desired	\$8,75 Additional	
Zip Country	Zıp	Country	8. Make check payable to: Dept. o	Fee Required  I State (See reverse side for fee information)	
9. Name and Address of C	Current Registered Agent		10. If changed, new Registers	ed Agent/Office	
cm c /		Name			
CT Corporation 1200 S Pine Island Rd Plantation, FL 33324		Street Add	Street Address (P.O. Box Number is Not Acceptable)		
Plantation, FL 33324	MA .	Suite, Apt.	W, etc.		
		City		FL Zip Code	
agent I am lamiliar with, and accept the ob- SIGNATURE (Registered Agent Accepting Appointm A GENERAL PARTNER TH	ent)	N, LIMITED	nge was authorized by its general partner(s). I her  DATE  PARTNERSHIP OR OTHE		
11. Name(s) of General Partner(s)	MUST BE REGISTERED Address of Each G	eneral Partner	/E WITH THIS OFFICE.  11b. City, State & Zip Code	11c. Registration/	
Name(s) of General Partner(s)	(Do NOT Use Post Offi	ce Box Numbers)	TID. City, State a Zip Coxie	Document Number	
J. D. Nichols	10172 Linn Station Rd.	10172 Linn Station Rd.			
NTS Capital Corporation	10172 Linn Station Rd.		Louisville, Ky.	P05990 J	
· .			300002 -03/1 ****	21103038 1/9701117011 191.25 ****191.25	
Note: General partners MAY	NOT be changed on this fo	orm; an am	endment must be filed to ch	ange a general partner.	
12. If do hereby certify that the information supplie Corporations from any liability of non-compilar this annual report is true and accurate and the	ed with this filing is voluntarily furnished and do nice with Section 119.07(3)(k) in the event that at my signature shall have the same legal effec	es not qualify for the the information sup- tis as if made under	e exemption stated in Section 119.07(3)(k), Florida blied is deemed exempt from public access. I furt oath. I further certify that I am a General Partner of	a Statutes. I release the Division of her certify that the information indicated on	
			Daytime Telephone Number	2/5/77 CAL /U2/-U844	
Typed or Printed Name of General Partner Signing Fo	om www.m.	WATEL			