

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
 01 MAY -1 AM 11:46
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # A27385
 1. Entity Name
NTS-PROPERTIES ASSOCIATES V, LTD.

Principal Place of Business Mailing Address
 c/o NTS Corporation c/o NTS Corporation
 10172 Linn Station Rd. 10172 Linn Station Rd.
 Louisville, KY 40223 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

4. FEI Number Applied For
 61-1051454 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 CT CORPORATION SYSTEM
 1200 S. PINE ISLAND RD.
 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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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**

**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 #		
NAME	NICHOLS, J.D.	
STREET ADDRESS	10172 LINN STATION RD.	
CITY-ST-ZIP	LOUISVILLE, KY 40223	
DOCUMENT #	P05990	
NAME	NTS CAPITAL CORPORATION	
STREET ADDRESS	10172 LINN STATION RD.	
CITY-ST-ZIP	LOUISVILLE, KY 40223	
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	<u>000004275670--0</u>
CITY-ST-ZIP	<u>-05/22/01--01027--025</u> <u>****141.25 ****141.25</u>
STREET ADDRESS	
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

NTS CAPITAL CORPORATION, GENERAL PARTNER

SIGNATURE: By: 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)