## **2002 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # A27385  1. Entity Name							F.	li en		573 AB	
NTS-PROPERTIES ASSOCIATES V, LTD.						SECRETARY OF STATE DIVISION OF CORPORATIONS					
Principal Place of Business Mailing Address  10172 LINN STATION RD LOUISVILLE KY 40222 LOUISVILLE KY 40222						02 FEB 12 PM 2: 05					
2. Principal Place of Business 3. Mailing Address											
Suite, Apt. #, etc. Suite, Apt. #, etc.						. DUE BY MAY 1, 2002					
City & Stat	re	City & State				4. FEI Number	61-10514	<del></del> 54	Applied For Not Applicat	ole	
zip UO		40aa3	itry		5. Certificate of Status Desired   \$8.75 Additional Fee Required						
	6. Name and Address of Current F	Registered Agent		Name		7. Name and A	ddress of New	Registered /	Agent	_	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD					Street Address (P.O. Box Number is Not Acceptable)						
PLANTATION FL 33324											
				City FL Zip Code							
8. The above	named entity submits this statement for	the purpose of changing its r	egister	ed office or	registere	ed agent, or both,	, in the State of	Florida.	<del>.</del>		
SIGNATURE .	Signature, typed or printed name of registered agent at	nd title if applicable.						DATE			
9. Capital Co as Shown	l Contri te.	butions	SEE REVERSE SIDE FOR FEE INFORMATION								
	A GENERAL PARTNER TI NOTE: General Partners MA	HAT IS A BUSINESS ENT / NOT be changed on th	TITY M e form	IUST BE F n; an ame	REGIST ndmen	ERED AND AC	TIVE WITH 1 to change a	THIS OFFICI general par	E. tner.		
12. GENERAL PARTNER INFORMATION					ADDRESS CHANGES ONLY						
DOCUMENT#	LOUISVILLE KY P05990 NTS CAPITAL CORPORATION			ET ADDRESS	T ADDRESS					CR2E003 (9/01)	
NAME STREET ADDRESS CITY-ST-ZIP				-ST-ZIP	402	(QAS 9000049492193 -02/18/0201071002 ****141.25 ****141.25					
DOCUMENT # NAME				ET ADDRESS	,						
STREET ADDRESS CITY-ST-ZIP				-ST-ZIP	4023						
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STREET ADDRESS CITY-ST-ZD			CITY	-ST-ZIP							
DOCUMENT & NAME			STRE	ET ADDRESS							
STREET ADDRESS CITY+ST-ZIP			CITY	-ST-ZIP							
indicated	certify that the information supplied with to on this report is true and accurate and the or trustee empowered to execute this	hat my signature shall have th	ne same	e legal effec	ct as if m	ction 119.07(3)(i), ade under oath; t	Florida Statute hat I am a Gene	s. I further cen eral Partner of	tify that the information the limited partnership	or	

GENERAL PARTIER Susan M. Howard 1/31/02

(502) 426-4800 Daytime Phone #