



2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # A27385 1. Entity Name NTS-PROPERTIES ASSOCIATES V, LTD.					
Principal Place of Business 10172 LINN STATION RD LOUISVILLE, KY 40223			Mailing Address 10172 LINN STATION RD LOUISVILLE, KY 40223		
2. Principal Place of Business Suite, Apt #, etc		3. Mailing Address Suite, Apt #, etc			
City & State		City & State		03162004 Chg-LP CR2E003 (10/03)	
Zip		Country		4. FEI Number 61-1051454	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CT 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		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		
9. Capital Contributions as Shown on record \$200.00		10. Amount of Capital Contributions in FLORIDA to date			
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, J.D. 10172 LINN STATION ROAD LOUISVILLE, KY 40223		STREET ADDRESS CITY - ST - ZIP		
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	P05990 NTS CAPITAL CORPORATION 10172 LINN STATION ROAD LOUISVILLE, KY 40223		STREET ADDRESS CITY - ST - ZIP	100000157623 05/06/04-80009-006 141.25	
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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.					
NTSCapital Corporation, General Partner SIGNATURE: By: <i>Susan M Howard, Secretary</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small> Susan M Howard, Secretary					
4/20/04				(502) 426-4800	
<small>Date</small>				<small>Daytime Phone #</small>	

STAPLE CHECK HERE