


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
May 16, 2005 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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 61-1051454	
				Applied For Not Applicable	
				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. 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		
	NICHOLS, J.D.				
	10172 LINN STATION ROAD		CITY-ST-ZIP		
	LOUISVILLE, KY 40223				
DOCUMENT #	NAME		STREET ADDRESS		
	P05990				
	NTS CAPITAL CORPORATION				
	10172 LINN STATION ROAD				
	LOUISVILLE, KY 40223				
DOCUMENT #	NAME		STREET ADDRESS		
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>By: Susan M. Howard, Secretary</i>			Date: <i>4/25/05</i>		Daytime Phone #: <i>(502) 426-4800</i>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					
<i>Susan M. Howard, Secretary</i>					



STAPLE CHECK HERE