

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A27385

1. Entity Name
NTS-PROPERTIES ASSOCIATES V, LTD.



FILED
03 APR -8 AM 11:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

DUE BY MAY 1, 2003

4. FEI Number **61-1051454**
Applied For
 Not Applicable

5. Certificate of Status Desired **\$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
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 _____
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 FL. 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 # | NICHOLS, J.D. |
| NAME | 10172 LINN STATION ROAD |
| STREET ADDRESS | LOUISVILLE KY 40223 |
| CITY-ST-ZIP | |
| DOCUMENT # | P05990 |
| NAME | NTS CAPITAL CORPORATION |
| STREET ADDRESS | 10172 LINN STATION ROAD |
| 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 | |
| CITY-ST-ZIP | 100015480221 04/08/03--01077--001 **141.25 |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| STREET ADDRESS | <i>[Handwritten Signature]</i> |
| 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

By: *[Handwritten Signature]*
SIGNATURE: Susan M. Howard, Secretary 3/13/03 (502) 426-4800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

SAMPLE CHECK HERE

CR2E003 (10/02)