

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**

**06 MAY -1 AM 8:51**

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

<b>DOCUMENT # B04000000496</b>	
1. Entity Name <b>NTS REALTY HOLDINGS LIMITED PARTNERSHIP</b>	

Principal Place of Business <b>10172 LINN STATION ROAD  LOUISVILLE, KY 40223</b>	Mailing Address <b>10172 LINN STATION ROAD  LOUISVILLE, KY 40223</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

01312006 Chg-LP CR2E003 (11/05)

4. FEI Number <b>APPLIED FOR 41-211139</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
<b>NRAI SERVICES, INC.</b> <b>2731 EXECUTIVE PARK DRIVE</b> <b>SUITE 4</b> <b>WESTON, FL 33331</b>	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	<b>FL</b> 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 _____
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**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2006, Fee will be \$900.00**

**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	M04000004963 NTS REALTY PARTNERS, LLC 10172 LINN STATION ROAD LOUISVILLE, KY 40223	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	F04000006480 NTS REALTY CAPITAL, INC. 10172 LINN STATION ROAD LOUISVILLE, KY 40223	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	

**200075015112**  
**05/22/06--01013--034 \*\*500.00**

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14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Realty Capital, Inc., Managing General Partner

**SIGNATURE:** By: Susan M. Howard, Secretary      Date: 4/13/06      Daytime Phone #: (502) 426-4800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*Susan M. Howard, Secretary*