

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

**FILED**

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

**SECRETARY OF STATE  
TALLAHASSEE FLORIDA**



01312006 Chg-LP CR2E003 (11/05)

4. FEI Number  
**APPLIED FOR 41-211139** Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DOCUMENT # B04000000496**

1. Entity Name  
**NTS REALTY HOLDINGS LIMITED PARTNERSHIP**



Principal Place of Business  
**10172 LINN STATION ROAD  
LOUISVILLE, KY 40223**

Mailing Address  
**10172 LINN STATION ROAD  
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

**6. Name and Address of Current Registered Agent**

**NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331**

**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.

**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 #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | M04000004963<br>NTS REALTY PARTNERS, LLC<br>10172 LINN STATION ROAD<br>LOUISVILLE, KY 40223 | STREET ADDRESS<br>CITY-ST-ZIP |                                                             |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | F04000006480<br>NTS REALTY CAPITAL, INC.<br>10172 LINN STATION ROAD<br>LOUISVILLE, KY 40223 | STREET ADDRESS<br>CITY-ST-ZIP | <b>200075015112</b><br><b>05/22/06--01013--034 **500.00</b> |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                             | STREET ADDRESS<br>CITY-ST-ZIP |                                                             |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                             | STREET ADDRESS<br>CITY-ST-ZIP |                                                             |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                             | STREET ADDRESS<br>CITY-ST-ZIP |                                                             |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                             | STREET ADDRESS<br>CITY-ST-ZIP |                                                             |

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.

**SIGNATURE: By: Susan M. Howard, Secretary**

**4/13/06 (502) 426-4800**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**Susan M. Howard, Secretary**

START HERE, CHECK HERE