2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

FILED Date_ Profit Center _ 27, 2007 08:00 A DOCUMENT # B04000000496 Account Code $\overline{\mathbf{Apr}}$ Secretary of State Job Cost _____ NTS REALTY HOLDINGS LIMITED PARTNERSHIP Property / Project Manager ___ Property / Project Senior Manager ___ Principal Place of Business Mailing Address Date ___ Accountant ____ 10172 LINN STATION ROAD 10172 LINN STATION ROAD _ Date __ Acctg Manager ___ LOUISVILLE, KY 40223 LOUISVILLE, KY 40223 Acctg Manager . 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01042007 CR2E003 (12/06) Chg-LP 4. FEI Number Applied For City & State City & State 41-2111139 Not Applicable Country \$8.75 Additional Zıp Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name NRAI SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. DATE FILE NOW!!! FEE IS \$500.00 After May 1, 2007, 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 # M04000004963 STREET ADDRESS NAME NTS REALTY PARTNERS, LLC STREET ADDRESS 10172 LINN STATION ROAD CITY-ST-ZIP CITY-ST-ZIP LOUISVILLE, KY 40223 DOCUMENT / F04000006480 STREET ADDRESS NAME NTS REALTY CAPITAL, INC. STREET ADDRESS 10172 LINN STATION ROAD CITY-ST-ZIP CITY-ST-ZIP LOUISVILLE, KY 40223 DOCUMENT # STREET ADDRESS NAME STRUCT ADDRESS CITY- ST- ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME U00000739041 STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P 05/14/07-80009-010 500.00 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 Pertner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

POSTING AUTHORIZATION

4/10/07 (502)426-4800