

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**  
**Jan 31, 2008 08:00 AM**  
**Secretary of State**

**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**



01092008 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**41-2111139**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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

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

**DO NOT WRITE  
IN THIS SPACE**

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, 2008, 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**

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

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

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U00000809656  
02/08/08-80031-007 500.00

**DO NOT WRITE  
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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, VP/Sec** *Susan M. Howard, VP/Sec 1/14/2008 (502) 426-4800*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone