

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
May 06, 2006 08:00 AM
Secretary of State

DOCUMENT # A04000000241

1. Entity Name
ALLIANT TAX CREDIT FUND 31-A, LTD.



Principal Place of Business
**340 ROYAL POINCIANA WAY, STE 305
PALM BEACH, FL 33480**

Mailing Address
**340 ROYAL POINCIANA WAY, STE 305
PALM BEACH, FL 33480**



01122006 No Chg-LP

CR2EC03 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0739132

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HAMLIN, CURTIS D ESQ
PORGES, HAMLIN, KNOWLES & PROUTY, PA
1205 MANATEE AVE. WEST
BRADENTON, FL 34205**

**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, 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

DOCUMENT # **A97000001827**
NAME **ALLIANT CAPITAL, LTD.**
STREET ADDRESS **340 ROYAL POINCIANA WAY, STE 305**
CITY-ST-ZIP **PALM BEACH, FL 33480**

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05/10/06-90049-014 500.00

**DO NOT WRITE
IN THIS SPACE**

STAPLE CHECK HERE

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #