

141.25

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED

2005 APR -7 PM 2: 19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A04000000535 1. Entity Name ALLIANT- HICKORY TOWNHOMES TAX CREDIT FUND, LTD.	
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Principal Place of Business 340 ROYAL POINCIANA WAY SUITE 305 PALM BEACH, FL 33480 US	Mailing Address 340 ROYAL POINCIANA WAY SUITE 305 PALM BEACH, FL 33480 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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03012005 Chg-LP CR2E003 (10/03)

4. FEI Number **20-1392087** 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. 1205 MANATEE AVENUE WEST BRADENTON, FL 34205	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

9. Capital Contributions as Shown on record. \$99.09	10. Amount of Capital Contributions in FLORIDA to date.
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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	P04000053820 ALLIANT - HICKORY TOWNHOMES GP, INC. 340 ROYAL POINCIANA WAY, SUITE 305 PALM BEACH, FL 33480	STREET ADDRESS CITY-ST-ZIP	300054016553 05/06/05--01068--013 **141.25
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ **3/1/05 561-833-5795**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE