

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # A04000000535

1. Entity Name
ALLIANT-HICKORY TOWNHOMES TAX CREDIT FUND, LTD.



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**



04232008 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

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**

**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 # **L07000123717**
NAME **ALLIANT - HICKORY TOWNHOMES GP, LLC**
STREET ADDRESS **340 ROYAL POINCIANA WAY, SUITE 305**
CITY-ST-ZIP **PALM BEACH, FL 33480**

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05/29/08-80065-017 500.00

**DO NOT WRITE
IN THIS SPACE**

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 #

STAPLE CHECK HERE