

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED

06 MAY -1 PM 1:26

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

DOCUMENT # A05000001777 1. Entity Name ALLIANT NEW YORK TAX CREDIT FUND, LTD.	
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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
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2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	

01122006 Chg-LP CR2E003 (11/05)

6. Name and Address of Current Registered Agent HAMLIN, CURTIS D 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

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	L05000089581	STREET ADDRESS	
NAME	ALLIANT NEW YORK GP, LLC	CITY-ST-ZIP	
STREET ADDRESS	340 ROYAL POINCIANA WAY STE 305		
CITY-ST-ZIP	PALM BEACH, FL 33480		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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CITY-ST-ZIP			

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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

SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date _____ Daytime Phone # _____

STAPLE CHECK HERE