

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

**FILED**  
**Apr 29, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # A00000000059**

1. Entity Name  
**ALLIANT TAX CREDIT FUND XI, LTD.**



Principal Place of Business  
**340 ROYAL POINCIANA WAY, SUITE 350  
PALM BEACH, FL 33480**

Mailing Address  
**340 ROYAL POINCIANA WAY, SUITE 350  
PALM BEACH, FL 33480**



03262008 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>06-1570824</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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

**HAMLIN, CURTIS D ESQ.  
C/O HARLLEE, PORGES, HAMLIN, KNOWLES, BALD  
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 use 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 #	<b>A97000001827</b>
NAME	<b>ALLIANT CAPITAL, LTD.</b>
STREET ADDRESS	<b>340 ROYAL POINCIANA WAY, SUITE 350</b>
CITY-ST-ZIP	<b>PALM BEACH, FL 33480</b>

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05/22/08-80020-010 500.00

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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