


**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**  
**May 01, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A00000000060</b> 1. Entity Name <b>ALLIANT TAX CREDIT FUND XII, LTD.</b>	
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Principal Place of Business <b>340 ROYAL POINCIANA WAY, SUITE 350 PALM BEACH, FL 33480</b>	Mailing Address <b>340 ROYAL POINCIANA WAY, SUITE 350 PALM BEACH, FL 33480</b>
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**DO NOT WRITE IN THIS SPACE**



01162007 No Chg-LP CR2E003 (12/06)

4. FEI Number <b>06-1570826</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fees Required

6. Name and Address of Current Registered Agent

**ALLIANT CAPITAL, LTD.  
340 ROYAL POINCIANA WAY, SUITE 350  
PALM BEACH, FL 33480**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2007, 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 # NAME STREET ADDRESS CITY - ST - ZIP	A97000001827 ALLIANT CAPITAL, LTD. 340 ROYAL POINCIANA WAY, SUITE 350 PALM BEACH, FL 33480
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U00000752563  
05/21/07-80021-018 500.00

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 #** \_\_\_\_\_