

# 2002 UNIFORM BUSINESS REPORT (UBR)

0004007 AV

DOCUMENT # A00000002051

1. Entity Name

ALLIANT TAX CREDIT FUND IIB, LTD.

FILED

02 MAY -1 AM 10: 53

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



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
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

DUE BY MAY 1, 2002	
4. FEI Number 65-1054969	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HAMLIN, CURTIS D 1205 MANATEE AVE. 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.

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

9. Capital Contributions as Shown on record. \$6,962,219.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 # A97000001827 NAME ALLIANT CAPITAL, LTD. STREET ADDRESS 340 ROYAL POINCIANA WAY SUITE 305 CITY-ST-ZIP PALM BEACH FL 33480	STREET ADDRESS CITY-ST-ZIP
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05/17/02-01026-023  
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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: SIGNATURE REQUIRED SHARON HORWITZ 818-668-2817  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)