## 2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

## May 06, 2006 08:00 AM Secretary of State **DOCUMENT # A01000001018** ALLIANT TAX CREDIT FUND XVI, LTD. Principal Place of Business Mailing Address 340 ROYAL POINCIANA WAY 340 ROYAL POINCIANA WAY SUITE 350 SUITE 350 PALM BEACH, FL 33480 PALM BEACH, FL 33480 01122006 No Chg-LP CR2E003 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1120555 Not Applicable \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 6. Name and Address of Current Registered Agent HAMLIN, CURTIS D ESQ DO NOT WRITE 1205 MANATEE AVE. WEST BRADENTON, FL 34205 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, typed or printed name of registered agent and title if applicable. DATE 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. GENERAL PARTNER INFORMATION 12. A97000001827 DOCUMENT # NAME ALLIANT CAPITAL, LTD. STREET ACCRESS 340 ROYAL POINCIANA WAY CITY-ST-ZIP PALM BEACH, FL 33480 0000000541194 05/10/06-80049-00**9 500.0**0 DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP DOCUMENT ( NAME DO NOT WRITE STREET ADDRESS Ctt Y-81-202 IN THIS SPACE DOCUMENT! NAME STREET ADDRESS CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statules 1 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 path; 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:

DOCUMENT # MAME STREET ADDRESS CITY-ST-ZIP BOCUMENT ( NAME STREET ADDRESS CITY-ST-ZIP

BIONATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTHER

Daytime Phone #

**FILED**