

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

1. Entity Name
ALLIANT TAX CREDIT FUND XVI, LTD.



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

DO NOT WRITE IN THIS SPACE



CR2E003 (12/06)

Applied For
Not Applicable

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HAMLIN, CURTIS D ESQ.
1205 MANATEE AVE. 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 title 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 #	A97000001827
NAME	ALLIANT CAPITAL, LTD.
STREET ADDRESS	340 ROYAL POINCIANA WAY
CITY-ST-ZIP	PALM BEACH, FL 33480

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U00000831578
05/22/08-80020-013 500.00

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IN THIS SPACE**

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. 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 # _____