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

DO NOT WRITE IN THIS SPACE

## DOCUMENT # A01000001018

ALLIANT TAX CREDIT FUND XVI. LTD.



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

Principal Place of Business

Mailing Address

340 ROYAL POINCIANA WAY SUITE 350 PALM BEACH, FL 33480

340 ROYAL POINCIANA WAY

SUITE 350

PALM BEACH, FL 33480



03262008 No Chg-LP

CR2E003 (12/06)

4. FEI Number 65-1120555 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

HAMLIN, CURTIS D ESQ. 1205 MANATÉE AVE. WEST BRADENTON, FL 34205

## DO NOT WRITE IN THIS SPACE

<ol><li>The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both the obligations of registered agent.</li></ol>	, in the State of Florida.	I am familiar with, ar	nd accept
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 A97000001827 DOCUMENT A ALLIANT CAPITAL, LTD. STREET ADDRESS 340 ROYAL POINCIANA WAY CITY-ST-7/P PALM BEACH, FL 33480 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT A RAME STREET ADDRESS CHY-ST-ZIP DOCUMENT A NAME

## DO NOT WRITE IN THIS SPACE

14. Thereby 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 finited partnership or the receiver or trustee empowered execute this report as required by Chapter 620. Forda Statutes.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS

ATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Daytime Phone #