

526.25

2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005


FILED

2005 APR 29 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A03000000528

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



Principal Place of Business
340 ROYAL POINCIANA WAY STE. 305
SUNRISE, FL 33322

Mailing Address
340 ROYAL POINCIANA WAY STE. 305
~~SUNRISE, FL 33322~~

Palm Beach, FL 33480

Palm Beach, FL 33480

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country



04192005 Chg-LP CR2E003 (10/03)

4. FEI Number
~~66-2340951~~ *65-119293*

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HAMLIN, CURTIS D PORGES, HAMLIN, KNOWLES & PROUTY, P.A. BRADENTON, FL 34205		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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.

9. Capital Contributions as Shown on record. **\$100,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

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 #		STREET ADDRESS	
NAME	ALLIANT CAPITAL, LTD.	CITY-ST-ZIP	
STREET ADDRESS	9724 SUNRISE LAKES BLVD., T05 <i>340 Royal Poinciana Way</i>		
CITY-ST-ZIP	SUNRISE, FL 33322		
DOCUMENT #		STREET ADDRESS	
NAME	<i>Palm Beach, FL 33480</i>	CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			800055150958
CITY-ST-ZIP			05/23/05--01077--023 **526.25
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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 820, Florida Statutes

SIGNATURE: _____ *[Signature]* **4/20/05** **561-933-5795**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #