

2006 LIMITED PARTNERSHIP ANNUAL REPORT**Due By May 1, 2006****FILED****DOCUMENT # A03000000528**

1. Entity Name

ALLIANT TAX CREDIT FUND XXV, LTD.

**06 MAY -1 PM 1:26****SECRETARY OF STATE
TALLAHASSEE FLORIDA**

Principal Place of Business

340 ROYAL POINCIANA WAY STE. 305
PALM BEACH, FL 33480

Mailing Address

340 ROYAL POINCIANA WAY STE. 305
PALM BEACH, FL 33480

01132006 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FFI Number

65-1179293

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**HAMLIN, CURTIS D
PORGES, HAMLIN, KNOWLES & PROUTY, P.A.
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, 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.****12. GENERAL PARTNER INFORMATION**

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

ALLIANT CAPITAL, LTD.

340 ROYAL POINCIANA WAY STE. 305

PALM BEACH, FL 33480

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CITY-ST-ZIP

000075027500
05/22/06--01043--014 **500.00**DO NOT WRITE
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; 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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE