2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

DOCUMENT # A03000000528

1. Entity Name

ALLIÁNT TAX CREDIT FUND XXV, LTD.



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

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



03262008 No Chg-LP

CR2E003 (12/06)

4. FEI Number	 Ĺ	Applied For
65-1179293		Not Applicable
5. Certificate of Status Desired	\$8.75	Additional

DO NOT WRITE IN THIS SPACE

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.	
ALONG WICHT	
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 # NAME STREET ADDRESS CITY-ST-ZIP	ALLIANT CAPITAL, LTD. 340 ROYAL POINCIANA WAY STE. 305 PALM BEACH, FL. 33480
ICOCUMENT # ILAME STREET ADDRESS CITY+ST-ZIP	
DOCUMENT # IMAME STREET ADDRESS CITY-ST-ZIP	

000000931554 05/22/08-80019-017 500.00

DO NOT WRITE
IN THIS SPACE

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

DOCUMENT #

IMME

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

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:

ATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

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