


**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

FILED 141.25  
Apr 09, 2005 08:00 AM  
Secretary of State

<b>DOCUMENT # A03000000589</b>					
1. Entity Name ALLIANT TAX CREDIT FUND XXIII SLP, LTD.					
Principal Place of Business 340 ROYAL POINCIANA WAY, SUITE 305 PALM BEACH, FL 33480			Mailing Address 340 ROYAL POINCIANA WAY, SUITE 305 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
4. FEI Number 06-1690716				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  HAMLIN, CURTIS D ESQ. PORGES, HAMLIN, KNOWLES & PROUTY, P.A. 1205 MANATEE AVENUE WEST BRADENTON, FL 34205			7. Name and Address of New Registered Agent  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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$7,500.00			10. Amount of Capital Contributions in FLORIDA to date.		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	A97000001827		STREET ADDRESS		
NAME	ALLIANT CAPITAL, LTD.		CITY-ST-ZIP	000000234996 04/09/05-80010-009 141.25	
STREET ADDRESS	340 ROYAL POINCIANA WAY, SUITE 305				
CITY-ST-ZIP	PALM BEACH, FL 33480				
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CITY-ST-ZIP					
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 620, Florida Statutes					
SIGNATURE: _____			3/1/05 561-833-5795		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		

STAPLE CHECK HERE