

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**  
**May 01, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # A03000001828**

1. Entity Name  
**ALLIANT-SPRINGFIELD CROSSING TAX CREDIT FUND,  
LTD.**



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**



01162007 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-0525894**

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 ESQ  
PORGES, HAMLIN, KNOWLES & PROUTY, PA  
1205 MANATEE AVE. WEST  
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, 2007, 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 # **P01000070800**  
NAME **ALLIANT TAX CREDIT XVI, INC.**  
STREET ADDRESS **340 ROYAL POINCIANA WAY, STE 305**  
CITY-ST-ZIP **PALM BEACH, FL 33480**

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**U00000752904  
05/21/07-80037-003 500.00**

**DO NOT WRITE  
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STAPLE CHECK HERE

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 #