

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

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

**DOCUMENT # A04000000241**

1. Entity Name  
ALLIANT TAX CREDIT FUND 31-A, 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
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**DO NOT WRITE IN THIS SPACE**



01162007 No Chg-LP CR2E003 (12/06)

4. FEI Number 20-0739132	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**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 # NAME STREET ADDRESS CITY-ST-ZIP	A97000001827 ALLIANT CAPITAL, LTD. 340 ROYAL POINCIANA WAY, STE 305 PALM BEACH, FL 33480
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

U00000752533  
05/21/07-80019-025 500.00

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 # \_\_\_\_\_