


526.25

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED

2005 APR -7 PM 2:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A04000001393			
1. Entity Name ALLIANT TAX CREDIT PARTNERSHIP 33-A, 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
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. \$175,000,000.00		10. Amount of Capital Contributions in FLORIDA to date.	
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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	L04000062799	STREET ADDRESS	
NAME	ALLIANT GP 33, LLC	CITY - ST - ZIP	
STREET ADDRESS	340 ROYAL POINCIANA WAY, SUITE 305		
CITY - ST - ZIP	PALM BEACH, FL 33480		
DOCUMENT #		STREET ADDRESS	000054029530
NAME		CITY - ST - ZIP	05/06/05--01107--016 **526.25
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CITY - ST - ZIP			
14. I hereby certify that the information supplied on 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