

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAY 22 PM 3: 52

DOCUMENT # A07000000993

1. Entity Name
 ALLIANT TAX CREDIT FUND 45-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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03272008

Chg-LP

CR2E003 (12/06)

City & State

City & State

4. FEI Number

26-0786942

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAMLIN, CURTIS D
 1205 MANATEE AVENUE WEST
 PORGES, HAMLIN, KNOWLES, PROUTY
 BRADENTON, FL 34205

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

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

13. ADDRESS CHANGING STATE

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

STREET ADDRESS

CITY-ST-ZIP

600129573996
 05/15/08--01006--013 **500.00

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STREET ADDRESS

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption contained in Chapter 620, Florida Statutes, and 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 #

STAPLE CHECK HERE