

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAY 22 PM 3: 52

DOCUMENT # A07000001405

1. Entity Name
 ALLIANT TAX CREDIT FUND 45-B, 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 #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

03272008 Chg-LP CR2E003 (12/06)

City & State
 Zip Country

City & State
 Zip Country

4. FEI Number
 26-1627908

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, THOMPSON
 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

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 CHANGES ONLY

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

A97000001827
 ALLIANT CAPITAL, LTD.
 340 ROYAL POINCIANA WAY, SUITE 305
 PALM BEACH, FL 33480

STREET ADDRESS
 CITY-ST-ZIP

700129573987
 05/15/08--01006--012 **\$500.00

DOCUMENT #
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DOCUMENT #
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 CITY-ST-ZIP

STREET ADDRESS
 CITY-ST-ZIP

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 #

STAPLE CHECK HERE