2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

DO NOT WRITE IN THIS SPACE

DOCUMENT # A9700001827 .

1. Entity Name
ALLIANT CAPITAL, LTD.



FILED Apr 29, 2008 08:00 AN Secretary of State

Principal Place of Business

340 ROYAL POINCIANA WAY

SUITE 350 PALM BEACH, FL 33480 Mailing Address

340 ROYAL POINCIANA WAY

SUITE 350

PALM BEACH, FL 33480



03262008 No Chg-LP

CR2E003 (12/06)

4.	FEI Number
	65-0773626

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

HAMLIN, CURTIS D ESQ. HARLLEE/PORGES/HAMLINL/KNOWLES/BALD/PROUTY 1205 MANATEE AVENUE WEST BRADENTON, FL -34205

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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	ŧ
	the obligations of registered agent.	
	SMATURE	

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

DJCUMENT / P9700069260
ALLIANT, INC.
SIREET ADDRESS
CITY-ST-ZIP
DDCUMENT / NAME
SIREET ADDRESS
CITY-ST-ZIP
DDCUMENT / DDC

Signature, typed or printed name of registered agent and title if applicable

U00000931567 05/22/08-80020-004 500.00

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CITY-ST-ZIP

DOCUMENT #
NAME

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
UCAME

STREET ADDRESS

STREET ADDRESS

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 empty fired to execute this report as required by Shapter 320, Florida Statutes.

SIGNATURE:

CHY-SI-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #