

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 7, 2005

526.25

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

05 AUG 25 AM 10: 02

DOCUMENT # A97000002044 1. Entity Name ALLIANT TAX CREDIT FUND I, LTD.					
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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 08042005 Chg-LP CR2E003 (10/03)	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HAMLIN, CURTIS D ESQ. HARLLEE, PORGES, HAMLIN, ET AL 1205 MANATEE AVENUE WEST 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$21,053,545.00		10. Amount of Capital Contributions in FLORIDA to date.		In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.	
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 #	A97000001827		STREET ADDRESS		
NAME	ALLIANT CAPITAL, LTD.		CITY-ST-ZIP		
STREET ADDRESS	340 ROYAL POINCIANA WAY, SUITE 305		STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH, FL 33480		CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
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NAME			CITY-ST-ZIP		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
14. I hereby certify that the information supplied with 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date: 8/2/05 Daytime Phone #: 561-833-5795		

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