

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED 526.25
Apr 09, 2005 08:00 AM
Secretary of State

DOCUMENT # A98000000169 1. Entity Name ALLIANT TAX CREDIT FUND II, LTD.					
Principal Place of Business 340 ROYAL POINCIANA PLAZA SUITE 305 PALM BEACH, FL 33480			Mailing Address 340 ROYAL POINCIANA PLAZA SUITE 305 PALM BEACH, FL 33480		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 03012005 Chg-LP CR2E003 (10/03) 65-0810280	
Zip Country		Zip Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HAMLIN, CURTIS D ESQ. HARLLEE PORGES HAMLIN KNOWLES BALD & PROUT 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 _____ Signature, typed or printed name of registered agent and title if applicable.					
9. Capital Contributions as Shown on record. \$14,513,291.00			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 #	A97000001827		STREET ADDRESS		
NAME	ALLIANT CAPITAL, LTD.		CITY-ST-ZIP		
STREET ADDRESS	340 ROYAL POINCIANA PLAZA STE 305		STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH, FL 33480		CITY-ST-ZIP		
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 3/1/05 Daytime Phone #: 561-833-5785		

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