

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 JAN -4 PM 3: 15

1. Name of Limited Partnership

1a. DOCUMENT #
A98000000810

ALLIANT TAX CREDIT FUND III, LTD.



Mailing Address

Principal Office Address

365 ROYAL POINCIANA PLAZA
PALM BEACH FL 33480

305 ROYAL POINCIANA PLAZA
PALM BEACH FL 33480

3. Date Formed or Registered

03/31/1998

5a. Capital Contributions as
Shown on record.

\$7,500.00

3a. Date of Last Report

5b. Amount of Capital
Contributions in FLORIDA
to date:

\$15,354,030.00

4. State or Country of Formation

FL

2. Mailing Address

340 Royal Poinciana Way

Suite, Apt. #, etc.

305

City & State

Palm Beach, FL

Zip

33480

2a. Principal Office Address

340 Royal Poinciana Way

Suite, Apt. #, etc.

305

City & State

Palm Beach, FL

Zip

33480

6. FEI Number

65-0834255

☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

HAMLIN, CURTIS D ESQ
HARILEE PORGES HAMMLIN KNOWLES ET AL
1205 MANATEE AVENUE WEST
BRADENTON FL 34205

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

000002736260-7

City

01/11/99-01065-011

***2276. FL ***526.25

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)

11a. Address of Each General Partner

(Do NOT Use Post Office Box Numbers)

11b. City, State & Zip Code

11c. Registration/
Document Number

ALLIANT CAPITAL, LTD

305 ROYAL POINCIANA P
340 Royal Poinciana
Way, Suite 305

PALM BEACH FL 33480

A97000001827

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE

DATE November 20, 1998

Typed or Printed Name of General Partner Signing Form

Shawn Horwitz

Daytime Telephone Number (561) 833-5795

CR2E003 (8/98)

\$526.25