

2002 UNIFORM BUSINESS REPORT (UBR)

0003910 AV

DOCUMENT # **A98000000810**

1. Entity Name

ALLIANT TAX CREDIT FUND III, LTD.

MJM

FILED

02 MAY -1 AM 8:56

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2002

4. FEI Number

65-0834255

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HAMLIN, CURTIS D ESQ
HARLEE PORGES HAMMLIN KNOWLES 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.

SIGNATURE

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

DATE

9. Capital Contributions as Shown on record.

\$15,354,030.00

10. Amount of Capital Contributions in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION**

**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**
NAME **ALLIANT CAPITAL, LTD**
STREET ADDRESS **340 ROYAL POINCIANA WAY, SUITE 305**
CITY-ST-ZIP **PALM BEACH FL 33480**

STREET ADDRESS

CITY-ST-ZIP

**300005577823--4
-05/21/02--01076--005
****526.25 ****526.25**

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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

SHALON HILWITZ

Date

818-668-2817

Daytime Phone #

CR2E003 (9/01)