

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**  
**Apr 29, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # A98000000810**

1. Entity Name  
ALLIANT TAX CREDIT FUND III, LTD.



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



03262008 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0834255

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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

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

DATE

**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**

DOCUMENT # A97000001827  
NAME ALLIANT CAPITAL, LTD  
STREET ADDRESS 340 ROYAL POINCIANA WAY, SUITE 305  
CITY-ST-ZIP PALM BEACH, FL 33480

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CITY-ST-ZIP

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000000931600  
05/22/08-80020-025 500.00

**DO NOT WRITE  
IN THIS SPACE**

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 empowered to execute this report as required by Chapter 620, Florida Statutes.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE