Requester's Name  Requester's Name  Requester's Name  Reduction  Address  Palm Beach  City/State/Zip  Phone #	140 14 190 14 19480	48¢
CORPORATION NAME(S) & DOCU	Office Use Only  MENT NUMBER(S), (if known):  (Document #)	FILED:  02 HAY - 1 PH 3: 31  ECHETINHY OF STATE TALLAHASSEE, FLORIDA
2. (Corporation Name)	(Document #)	<del></del>
3. (Corporation Name)  4. (Corporation Name)  Walk in Pick up time Mail out Will wait	Certific	95/01/0201074003 ****\$52.50 *****52.50
NEW FILINGS  Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS  Amendment Resignation of R.A., Officer/D Change of Registered Agent Dissolution/Withdrawal Merger	
OTHER FILINGS  Annual Report Fictitious Name	REGISTRATION/QUALIFICAT  Foreign Limited Partnership Reinstatement Trademark Other	TION TO
CR2E031(7/97)	Examine	er's Initials

## or . Sic

## SUPPLEMENTAL AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FLORIDA LIMITED PARTNERSHIP

The undersigned general partners of ALLIANT TAX CREDIT FUND TV, LID
,a
Florida Limited Partnership, executed this supplemental affidavit filed pursuant to section 620.112, Florida Statutes.
The total amount of the capital contributions of the limited partners is: \$ _7,500
This <u>29</u> day of <u>APPU</u> , <u>2002</u>
FURTHER AFFIANT SAYETH NOT.
Under penalties of perjury I declare that I have read the foregoing and that the facts are true paths the sest of my knowledge and belief.
FURTHER AFFIANT SAYETH NOT.  Under penalties of perjury I declare that I have read the foregoing and that the facts are true true to the best of my knowledge and belief.  General Partner(s)  General Partner(s)
SHALON HORWITZ PRES ALLIANT INC.
GPOF GP OF FUND IV, LTD.
Fees: \$7 per \$1000, based on additional contributions Minimum \$ 52.50 Maximum \$1750.00

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314