


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2007 08:00 A
Secretary of State

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| DOCUMENT # L03000042463 1. Entity Name ALLIANT TAX CREDIT FUND XI LIGHTHOUSE POINT, LLC |  |
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|------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| Principal Place of Business 340 ROYAL POINCIANA WAY, STE. 305 PALM BEACH, FL 33480 | Mailing Address 340 ROYAL POINCIANA WAY, STE. 305 PALM BEACH, FL 33480 |
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01152007No Chg-LLC CR2E083 (11/05)

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|-----------------------------------------------------------|--------------------------------|
| 4. FEI Number 20-0347051 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

HAMLIN, CURTIS D ESQ
PORGES, HAMLIN, KNOWLES & PROUTY, P.A.
1205 MANATEE AVE. W.
BRADENTON, FL 34205

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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 (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

| 9. MANAGING MEMBERS/MANAGERS | |
|------------------------------------------------|--------------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR HORWITZ, SHAWN 21550 OXNARD STREET, SUITE 1020 WOODLAND HILLS, CA 91367 |
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05/18/07-80087-024 50.00

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11. 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 managing member or manager of the limited liability company or the receiver, or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #