## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT #L07000122829

FILED
May 15, 2008 8:00 am
Secretary of State
05-15-2008 90073 032 \*\*\*138.75

Daytime Phone #

| Pricipal Place of Business 340 ROYAL POINCANA WAY, STE. 305 PARM REACH F. 13480    2. **Pricipal Place of Business *No P.O. Box # 3. Mailing Address Super State Park # 15480    2. **Pricipal Place of Business *No P.O. Box # 3. Mailing Address Super State Park # 15480    Sules, Api #, etc.    Sules, Api #, etc.    Sules Api   | 1. Entity Name<br>ALLIANT TAX CREDIT XI, LLC   |                                 |                                    | 03-13-2008 90073                             | 032 136.       | , 5          |  |
|--|--|---------------------------------|------------------------------------|--|----------------|--------------|--|
| PAIM BEACH, FL 33480  PAIM BEACH, FL 33480  PAIM BEACH, FL 33480  2. Pinocipal Pace of Business - No F.O. Box # 3. Mailing Address  Sulte, Aptl. #, etc.  Suhe, Apt. #, etc.  City & State  Applied For Month paint of State  Applied For Month paint of State  2. Po Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  S. Certificate of Status Desired   \$5.00 Address of Current Registered Agent  Name  Name  Name  Name  Name  Name  Street Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number i  | Principal Place of Business  | Mailing Address                 |                                    | <del>-</del>                                 |                |              |  |
| Sulio, Apt. 4, etc.    Sulio, Apt. 4, etc.   Sulio, Apt. 4, etc.   Sulio, Apt. 4, etc.   Sulio   Applied for   | 340 ROYAL POINCIANA WAY, STE. 305 340 ROYAL POINCIANA W  |                                 |                                    |  |                |              |  |
| City & State  A FEL Number O6 - 15 7082/  A FEL Number  City Country  S. Certificate of Status Desired  S. Status Desired  S. Odditional  Faculty  F. Name and Address of Current Registered Agent  Name     | Principal Place of Business - No P.O. Box #     3. Mailing Address   |                                 |                                    |  |                |              |  |
| Zip   Country   Zio   Country   S. Carlificate of Status Desired   S.5.00 Additional Face Required   S. Name and Address of Current Registered Agent   T. Name and Address of New Registered Agent   Face Required Page   Name   | Suite, Apt. #, etc. Suite, Apt. #, etc.  |                                 |                                    | 03182008 Chg-LLC CF                          | R2E083 (12/06) |              |  |
| S. Cardince of Status Desired   Fee Required   Fee    | City & State   | City & State                    |                                    | 4. FEI Number 06-15708                       | 2/ Ar          | <del></del>  |  |
| Name   | Zip Country  | Zip Country                     |                                    | 5. Certificate of Status Desired             |                |              |  |
| HAMLIN, CURTIS D ESO. PORGES, HAMLIN, KNOWLES, PROUTY, THOMPSON 1205 MANATEE AVENUE WEST BRADENTON, FL 34205  8. Fine above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or born, in the State of Florida. I am familiar with, and accept the obligations of registered agent, report or provide rates of registered agent, or born, in the State of Florida. I am familiar with, and accept the obligations of registered agent, report or provide rates of registered agent, or born, in the State of Florida. I am familiar with, and accept the obligations of registered agent, report of provide rates of registered agent, or born, in the State of Florida. I am familiar with, and accept the obligations of registered agent, report of point, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or born, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or born, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or born, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or born, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or born, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or born, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or born, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or born, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or born, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or born, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or born, in the State of Florida. I am familiar with, and accept the obligations of Florida and accept the obligations of Florida accept the    | 6. Name and Address of Current   |                                 |                                    | 7. Name and Address of New Registe           | ered Agent     |              |  |
| 1205 MANATEE AVENUE WEST   BRADENTON, FL 34205   City   FL   Zip Code  | PORGES, HAMLIN, KNOWLES, PROUTY, THOMPSON<br>1205 MANATEE AVENUE WEST  |                                 |                                    |  |                |              |  |
| 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Superlinit, byted or printed name of registered agent and site it applicable. (NOTE Registered Agent stgrashure required when remaining).   DATE    FILE NOWILL FEEE IS \$138.75  |  |                                 |                                    |  |                |              |  |
| the obligations of registered agent.  SIGNATURE    TILE   NOWIII   FEE IS \$138.75   After May 1, 2008 Fee will be \$538.75  |  |                                 | City                               |  | FL Zip Cod     | <u>—</u>     |  |
| FILE NOWIJI FEE IS \$138.75  After May 1, 2008 Fee will be \$538.75  Sincer Address  Sincer Address  City St. 2p  Title  NAME  STREET ADDRESS  CITY ST. 2p  Addition  NAME  ADDRESS  CITY ST. 2p  Addition  Addition  NAME  ADDRESS  CITY ST. 2p  Addition  Addition  Addition  Add |  | r the purpose of changing its i | registered office or registe       | red agent, or both, in the State of Florida. |                | and accept   |  |
| FILE NOWIII FEE IS \$138.75  After May 1, 2008 Fee will be \$538.75  9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES ITILE NAME SHERI ADDRESS CHY-ST-ZIP  TITLE NAME SIRET ADDRESS CHY-ST-ZIP SIRET ADDRESS SIRET ADDR | SIGNATURE Signature typed or printed name of registered agent  | and title if applicable (NOTE:  | Registered Agent signature require | d when reinstalling)                         | ATF            |              |  |
| 9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES   TITLE   NAME   STREET ADDRESS   CITY-ST-ZIP   TITLE   Delete   NAME   STREET ADDRESS   CITY-ST-ZIP   TITLE   Delete   NAME   STREET ADDRESS   CITY-ST-ZIP   TITLE   Delete   TITLE   NAME   STREET ADDRESS   CITY-ST-ZIP   Delete   TITLE   NAME   STREET ADDRESS   CITY-ST-ZIP   TITLE   Delete   STREET ADDRESS   CITY-ST-ZIP   DELETE   DE   | The state of the s | (7072                           | - Togotta a graduo a calanda       | ,  |                |              |  |
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|  |  | •                               |                                    |  |                |              |  |
| 11. I hereby certify that the information supplied with this filling does not qualify for the examptions contained in Chapter 119, Florida Statutes, I turther 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 that sceiver or trustee empowered to execute this report as required by Chapter 608. Florida Statutes   | 11. I hereby certify that the information supplied with  |                                 | _=                                 |  |                |              |  |

GER OR AUTHORIZED REPRESENTATIVE