

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000122845

**FILED**  
**Mar 25, 2009**  
**Secretary of State**

**Entity Name:** ALLIANT TAX CREDIT XIV, LLC

**Current Principal Place of Business:**

340 ROYAL POINCIANA WAY  
STE 305  
PALM BEACH, FL 33480

**New Principal Place of Business:**

**Current Mailing Address:**

340 ROYAL POINCIANA WAY  
STE 305  
PALM BEACH, FL 33480

**New Mailing Address:**

**FEI Number:** 65-1028239      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HAMLIN, CURTIS D ESQ  
PORGES, HAMLIN, KNOWLES, PROUTY, THOMPSON  
1205 MANATEE AVE W  
BRADENTON, FL 34205 US

**Name and Address of New Registered Agent:**

HAMLIN, CURTIS D ESQ  
PORGES, HAMLIN, KNOWLES, PROUTY, THOMPSON  
1205 MANATEE AVE WEST  
BRADENTON, FL 34205 US

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: \_\_\_\_\_

Electronic Signature of Registered Agent

03/25/2009

Date

**MANAGING MEMBERS/MANAGERS:**

Title: P ( ) Delete  
Name: HOROWITZ, SHAWN  
Address: 340 ROYAL POINCIANA WAY 305  
City-St-Zip: PALM BEACH, FL 33480

**ADDITIONS/CHANGES:**

Title: PRES (X) Change ( ) Addition  
Name: HOROWITZ, SHAWN  
Address: 340 ROYAL POINCIANA WAY, SUITE 305  
City-St-Zip: PALM BEACH, FL 33480

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SHAWN HOROWITZ

PRES

03/25/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date