## -~ -2008 LIMITED LIABILITY COMPANY

## May 15, 2008 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # L07000123793 05-15-2008 90073 047 \*\*\*138.75 ALLIANT TAX CREDIT XXVIII, LLC **PC214000** Principal Place of Business Mailing Address 340 ROYAL POINCIANA WAY 340 ROYAL POINCIANA WAY SUITE 305 SUITE 305 PALM BEACH, FL 33480 PALM BEACH, FL 33480 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03182008 Chg-LLC CR2E083 (12/06) City & State City & State Applied For 4. FEI Number 56-2415900 Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HAMLIN, CURTIS D ESQ Street Address (P.O. Box Number is Not Acceptable) 1205 MANATEE AVE. WEST BRADENTON, FL 34205 City Zip Code FL 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 FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. Shawn Horwits Delete 340 Royal Poinciana May, 305 Palm Beach, FL 334,80 TITLE TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

11. I hereby certify that the information supplied with this filling 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 precious or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

TITLE

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

MANAGER, OR AUTHORIZED REPRESENTATIVE

☐ Delete

Daytime Phone #

Change

☐ Addition

**FILED**