

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90122 035 \*\*\*150.00

**11030666**

☐ CHECK HERE IF MAKING CHANGES

DOCUMENT #

P01000089138

1. Entity Name

ALLIANT TAX CREDIT IID, INC.

Principal Place of Business

340 ROYAL POINCIANA PLAZA, SUITE 305  
PALM BEACH FL 33480

Mailing Address

340 ROYAL POINCIANA PLAZA, SUITE 305  
PALM BEACH FL 33480

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-1136556

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HAMLIN, CURTIS D  
1205 MANATEE AVENUE WEST  
BRADENTON FL 34205

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

P

HORWITZ, SHAWN

340 ROYAL POINCIANA WAY #305

PALM BEACH FL 33480

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

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CITY-ST-ZIP

☐ Delete

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attached address, with all other like empowered.

SIGNATURE:

Shawn Horwitz

2/24/03

(818) 668-2817

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT

DATE

DAYTIME PHONE #