5/9/2002-90032-(

FILED Jul 16, 2002 8:00 am Secretary of State

05-09-2002 90032 002 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#

P01000089142

ALLIANT TAX CREDIT XVIII, INC. Principal Place of Business Mailing Address 310 ROYAL POINCIANA PLAZA. SUITE 305 340 ROYAL POINCIANA PLAZA, SUITE 305 PALLI BEACH FL 33480 PALM BEACH FL 33480 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, stc. Suite, Apr. #, etc. DO NOT WRITE IN THIS SPACE Cily & State Applied For 45-1135386 Not Applicable Country \$8.75 Additional 6. Name and Address of Current Registered Agen HAMLIN, CURTIS D Street Address (P.O. Box Number is Not Acceptable) 1206 MANATEE AVENUE WEST **BRADENTON FL 34205** 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. SIGNATURE Signature, typed or printed name of r (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its intengible FILE NOW!!! FEE IS \$150.00 Tax illing requirement and elects to do so. 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 \$5.00 May Be Added to Fees (See criteria on back) Trust Fund Contribution Make Check Payable to Department of State 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete IIDE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP IMLE ☐ Dele;a TITLE Addition HALLE STREET ADDRESS STREET ADVOCESS CITY-ST-ZIP MILE Delete MILE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-51-2P O Deten DRE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP mu D Delete TIRE NUME ☐ Change Addition STREET ACCORESS STREET ADDRESS CITY - \$1-71P CITY, ST. ZIP TIFLE Delete TITLE NAME Addition NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filtindicated on this report or supplemental report is true are of the corporation or the receiver of fursitee empowered changed, or on an attachment with an address, with ng does not qualify for the exemption stated. Section 119.07(3)(i), Florida Statutes, I further certify that the information of the same legal effect as if made under oath; that I am an officer or director director in a report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 SIGNATURE: PROUBLED

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ALLIAN	T TAX CREDIT XVIII, INC.	•			1 Had	387 NMPh	
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			HIGG	TYMEN (<i>P</i>
2. Principal	I Place of Business	3. Mailing Address	-				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRIT	E IN THIS SPACE	
City & Sta	ate	City & State		4.	FEI Number		pplied F
Zip	Country	Zip	Country	5.	Certificate of Status Desired	N \$8.75 Ad	ot Applic
	6. Name and Address of Curren	It Registered Agent	Name	7.	Name and Address of New Re	Fee Require	ed
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SIGNATURE:



3833

July 9, 2002

Division of Corporations Uniform Business Report Filings 409 East Gaines Street Tallahassee, FL 32399

RE: Uniform Business Reports
SUBJECT: Alliant Tax Credit XVIII, Inc.
REFERENCE: P01000080142

Dear Sir or Madam:

Enclosed you will find a letter from your office requesting the complete title, name, street address, city, state and zip code of the corporation, Alliant Tax Credit XVIII, Inc.

If you have any questions, or require additional information, please feel free to contact me at 818-668-2817:

Sincerely,

Amelia Ross

Senior Accountant