



FILED
Apr 28, 2006 08:00 AM
Secretary of State

<div style="border: 1px solid black; padding: 5px;">DOCUMENT # P02000110111 1. Entity Name ALLIANT TAX CREDIT XXII, G.P., INC.</div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"><div style="display: flex; justify-content: space-between;"><div>Principal Place of Business 340 ROYAL POINCIANA PLAZA STE 305 PALM BEACH, FL 33480</div><div>Mailing Address 340 ROYAL POINCIANA PLAZA STE 305 PALM BEACH, FL 33480</div></div></div>		<div style="text-align: right; font-size: 24px; font-weight: bold;">Secretary of State</div> <div style="text-align: center; margin-top: 20px;"></div> <div style="text-align: center; margin-top: 20px;"></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;">01122006No Chg-PCR2E034 (11/05)</div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"><div style="display: flex; justify-content: space-between;"><div>4. FEI Number 51-0432037</div><div>Applied For <input type="checkbox"/> Not Applicable</div></div><div style="display: flex; justify-content: space-between; margin-top: 5px;"><div>5. Certificate of Status Desired <input type="checkbox"/></div><div>\$8.75 Additional Fee Required</div></div></div>																																																											
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<div style="border: 1px solid black; padding: 5px;">6. Name and Address of Current Registered Agent HAMLIN, CURTIS D 1205 MANATEE AVE W BRADENTON, FL 34205</div>	<div style="text-align: center; font-size: 24px; font-weight: bold; padding: 20px;">DO NOT WRITE IN THIS SPACE</div>																																																												
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.																																																													
<div style="display: flex; justify-content: space-between;"><div>SIGNATURE _____ <small>Signature typed or printed name of registered agent and title if applicable</small></div><div>(NOTE: Registered Agent signature required when reinstating)</div><div>DATE _____</div></div>																																																													
<div style="display: flex; justify-content: space-between;"><div style="width: 30%; text-align: center;">FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</div><div style="width: 30%; padding: 5px;">9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</div><div style="width: 35%;"></div></div>																																																													
<div style="border: 1px solid black; padding: 5px;">10. OFFICERS AND DIRECTORS</div> <table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width: 10%;">TITLE</td><td style="width: 10%;">P</td><td style="width: 80%;">HORWITZ, SHAWN</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td>340 ROYAL POINCIANA WAY #305</td></tr><tr><td>CITY-ST-ZIP</td><td></td><td>PALM BEACH GARDENS, FL 33410</td></tr><tr><td>TITLE</td><td></td><td></td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td></td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td></td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td></td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>		TITLE	P	HORWITZ, SHAWN	NAME			STREET ADDRESS		340 ROYAL POINCIANA WAY #305	CITY-ST-ZIP		PALM BEACH GARDENS, FL 33410	TITLE			NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE			NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE			NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE			NAME			STREET ADDRESS			CITY-ST-ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 attachment with an address, with all other like empowered.	
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE _____ Daytime Phone # _____	