

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P98000065376 1. Entity Name ALLIANT TAX CREDIT V, INC.			
Principal Place of Business 340 ROYAL POINCIANA PLAZA, STE 305 PALM BEACH, FL 33480		Mailing Address 340 ROYAL POINCIANA PLAZA, STE 305 PALM BEACH, FL 33480	
DO NOT WRITE IN THIS SPACE			
6. Name and Address of Current Registered Agent HAMLIN, CURTIS D 1205 MANATEE AVE WEST BRADENTON, FL 34205		DO NOT WRITE IN THIS SPACE	
5. 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.		DATE _____ (NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HORWITZ, SHAWN 340 ROYAL POINCIANA WAY #305 PALM BEACH, FL 33480	U00000542267 05/10/06-80089-024 150.00 DO NOT WRITE IN THIS SPACE	
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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			