


FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999	 <p>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</p>
1. Name of Limited Partnership	1a. DOCUMENT # A06338

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 DEC 30 AM 9:04

CONSOLIDATED CAPITAL GROWTH FUND, LTD.



Mailing Address P.O. BOX 1089 GREENVILLE SC 29602	Principal Office Address ONE INSIGNIA FINANCIAL PLAZA GREENVILLE SC 22601	3. Date Formed or Registered 02/24/1978	5a. Capital Contributions as Shown on record. \$23,100,000.00
		3a. Date of Last Report 10/22/1997	5b. Amount of Capital Contributions in FLORIDA to date: 23,100,000
2. Mailing Address 1873 S. BELLAIRE ST. Suite, Apt. #, etc. SUITE 1700 City & State DENVER, CO Zip 80222-4348	2a. Principal Office Address 1873 S. BELLAIRE ST. Suite, Apt. #, etc. SUITE 1700 City & State DENVER, CO Zip 80222-4348	4. State or Country of Formation CA	
		6. FEI Number 94-2382571	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
		7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
		8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	10. If changed, new Registered Agent/Office Name: CORPORATION SERVICE COMPANY Street Address (P.O. Box Number Is Not Acceptable): 1201 HAYS STREET Suite, Apt. # etc.: City: TALLAHASSEE FL Zip Code: 32301
--	---

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

Karen B. Rozar, As Its Agent

SIGNATURE (Registered Agent Accepting Appointment) *Karen B. Rozar*

DATE **12/30/98**

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
CONCAP EQUITIES, INC.	ONE INSIGNIA FINANCIA	GREENVILLE SC 22601	P35898
<p>300002731063--7 -01/05/99--01090--018 ***526.25 ***526.25</p>			

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

GROWTH FUND, LTD.) **CONCAP EQUITIES, INC. (GP FOR CONSOLIDATED CAPITAL**

SIGNATURE *Cheryl E. Goldschmidt*
ASSISTANT SECRETARY

DATE **12/9/98**

Typed or Printed Name of General Partner Signing Form **CHERYL E. GOLDSCHMIDT**

Daytime Telephone Number **(202) 216-2933**

CR2E003 (8/98)