DOCUMENT # A06338 1. Entity Name						!**!.	
CONSOLIDATED CAPITAL GROWTH FUND, LTD.						DIVISION OF CORPORATIONS	
Principal Place 1873 S. BELL DENVER CO (AIRE ST., SUITE 1700	Mailing Address 1873 S. BELLAIRE ST SUITE 1700 DENVER CO 80222-4360		0		AMII: 43	
2000 So Suite, Apt.	uth Colorado Blvd. #, etc. wo, Suite 2-1000	3. Mailing Address 2000 South Colorado Blvd. Suite, Apt. #, etc. Tower Two, Suite 2-1000		i.	DO NOT WRITE IN THIS SPACE		
City & State Denver, CO Zip Country		City & State Denver, CO Zip Count		try		4. FEI Number 94-2382571 Applied For Not Applicable \$8.75 Additional	
80222	USA	80222	USA	-		Certificate of Status Desired Fee Required Name and Address of New Registered Agent	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET				Name Street Address (P.O. Box Number is Not Acceptable)			
							TALLAHASSEE FL 32301-2525
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.							
SIGNATI IRE	Signature, typed or printed name of registered agent a					when reinstating) DATE	
9. Capital Contributions as Shown on record. \$23,100,000.00 in FLORIDA to date				Contributions 11. MAKE CHECK PAYABLE TO DEPT. OF STATE			
	A GENERAL PARTNER T	HAT IS A BUSINESS EN	ITITY M	UST BE I	REGIST	ERED AND ACTIVE WITH THIS OFFICE. must be filed to change a general partner.	
12. GENERAL PARTNER INFORMATION				13. ADDRESS CHANGES ONLY			
DOCUMENT # NAME STREET ADORESS	CONCAP EQUITIES, INC. ONE INSIGNIA FINANCIAL PLAZA			ET ADDRESS	2000 South Colorado Boulevard Tower Two, Suite 2-1000 Denver, CO 80222		
CITY-ST-ZIP DOCUMENT #	GREENVILLE SC 22601		STRI	ET ADDRESS			
NAME STREET ADDRESS CITY-ST-ZIP			СПҮ	-ST-ZIP .,			
DOCUMENT # NAME			STR	ET ADDRESS		10003235191-7 -05/02/0001051017	
STREET ADDRESS City-St-Zip			CITY	-ST-ZIP			
DOCUMENT# NAME			STR	ET ADDRESS			
STREET ADDRESS CITY - ST - ZIP			СПҮ	-ST-ZIP			
DOCUMENT / NAME STREET ADDRESS			STR	ET ADDRESS			
CITY-ST-ZIP DOCUMENT#			CITY	-ST-ZIP			
NAME STREET ADDRESS CITY-ST-ZIP			ľ	eet address - St-ZIP			
14. 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 is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes Consolidated Capital Growth Fund, Ltd., by its GP, ConCap Equities, Inc.							

DECLIPTOR Bonder, Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

SIGNATURE: By

(303) 757-8101 Daytime Phone #