2000 UNIFORM BUSINESS REPORT (UBR)

0020494 AB

DOCUMENT # A16195

1. Entity Name

CONSOLIDATED RESOURCES HEALTH CARE FUND I, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 14 AM 10:24

Principal Place of Business	Mailing Address
3570 KEITH STREET. N.W. CLEVELAND TN 37312	3570 KEITH STREET. N.W. CLEVELAND TN 37312-4309

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 58-1475466 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 ____________________ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. $887,500.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #		STREET ADDRESS	400003148384--1
NAME	PRESTON, FORREST L		
STREET ADDRESS	3570 KEITH STREET, N.W.	CITY-ST-ZIP	-02/25/00--01099--008
CITY-ST-ZIP	CLEVELAND TN 37312		****526.25 ****526.25
DOCUMENT #	P38485	STREET ADDRESS	
NAME	H.C.F., INC		
STREET ADDRESS	3570 KEITH STREET, N.W.	CITY-ST-ZIP	mf 2/23/00
CITY-ST-ZIP	CLEVELAND TN 37312		
DOCUMENT #		STREET ADDRESS	
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CITY-ST-ZIP			

CR2E003 (9/99)

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 oath; 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 Resources Health Care Fund I, Ltd
By: H.C.F., Inc., corporate general partner
By: Cindy S. Cross, Assistant Secretary

SIGNATURE: February 10, 2000 423 473-5886

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

Life Care Centers of America

3001 Keith Street, NW/P.O. Box 3480/Cleveland, Tennessee 37320-3480/(423) 472-9585

February 10, 2000

VIA AIRBORNE EXPRESS
SECOND DAY AIR

Florida Secretary of State
409 E. Gaines Street
Tallahassee, FL 32399

RE: Consolidated Resources Health Care Fund I, Ltd.

Dear Representative:

Enclosed herewith for your consideration and review is the completed annual report for the above-referenced corporation. Also, enclosed herewith is the entity's check in the amount of $526.25 (Five Hundred Twenty Six and 25/100) which represents the necessary filing fees.

If you should have any questions and/or need additional information, please contact me at (423) 473-5868. We appreciate your assistance in this matter.

Sincerely,

Joan E. Thurmond
Legal Assistant

JET/mrd

Enclosures

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