2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A16195

FILED
01 MAR 30 PM 3:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name

CONSOLIDATED RESOURCES HEALTH CARE FUND I, LTD.

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

MJH 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.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$887,500.00	$1,464,060.00	

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	
NAME	PRESTON, FORREST L	CITY-ST-ZIP	FF $526.25
STREET ADDRESS	3570 KEITH STREET, N.W.		
CITY-ST-ZIP	CLEVELAND TN 37312		
DOCUMENT #	P38485	STREET ADDRESS	
NAME	H.C.F., INC	CITY-ST-ZIP	
STREET ADDRESS	3570 KEITH STREET, N.W.		
CITY-ST-ZIP	CLEVELAND TN 37312		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	600003958996--9
NAME		CITY-ST-ZIP	-04/04/01--01005--016 ****526.25 ****526.25
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

CR2E003 (11/00)

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

SIGNATURE: By: Joan E. Thurmond Joan E. Thurmond, Assistant Secretary 3/28/01 (423) 473-5868
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #