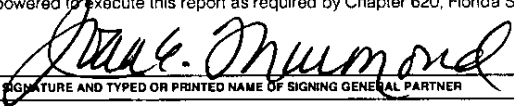


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 MAR 30 AM 10:46

DOCUMENT # A16195					
1. Entity Name CONSOLIDATED RESOURCES HEALTH CARE FUND I, LTD.					
Principal Place of Business 3570 KEITH STREET, N.W. CLEVELAND, TN 37312			Mailing Address 3570 KEITH STREET, N.W. CLEVELAND, TN 37312		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable.					
9. Capital Contributions as Shown on record. \$1,464,060.00			10. Amount of Capital Contributions in FLORIDA to date.		
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 #	NAME			STREET ADDRESS	
	PRESTON, FORREST L				
STREET ADDRESS	3570 KEITH STREET, N.W.			CITY-ST-ZIP	
CITY-ST-ZIP	CLEVELAND, TN 37312				
DOCUMENT #	NAME			STREET ADDRESS	
	P38485				
STREET ADDRESS	H.C.F., INC			CITY-ST-ZIP	
CITY-ST-ZIP	3570 KEITH STREET, N.W.				
	CLEVELAND, TN 37312				
DOCUMENT #	NAME			STREET ADDRESS	
STREET ADDRESS				CITY-ST-ZIP	
CITY-ST-ZIP					
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STREET ADDRESS				CITY-ST-ZIP	
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CITY-ST-ZIP					
DOCUMENT #	NAME			STREET ADDRESS	
STREET ADDRESS				CITY-ST-ZIP	
CITY-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 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					
SIGNATURE: 				MAR 11 2005	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER				Date	

STAPLE CHECK HERE



01312005 Chg-LP CR2E003 (10/03)

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

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

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04/06/05--01058--006 **526.25