

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 6, 2006

FILED

06 JUN 23 PM 3:59

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

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**



05182006 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

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

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

Name

Street Address (P.O. Box Number Not Accepted)

City

7. Name and Address of New Registered Agent

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

**FILE NOW!!! FEE IS \$500.00
Due by September 6, 2006**

In accordance with s. 607.193(2)(b), F.S.,
the limited partnership did not receive the
prior notice.

**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

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRESTON, FORREST L
3570 KEITH STREET, N.W.
CLEVELAND, TN 37312**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**P38485
H.C.F., INC
3570 KEITH STREET, N.W.
CLEVELAND, TN 37312**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**700076649917
06/27/06--01059--012 **\$500.00**

**DO NOT WRITE
IN THIS SPACE**

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, L.P.

By: **H.C.F., Inc., Corporate General Partner**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

6/21/06

Date

(423) 473-5868

Daytime Phone #

Joan E. Thurmond, Assistant Secretary to Corporate General Partner

STAPLE CHECK HERE