#### 2007 LIMITED PARTNERSHIP ANNUAL REPORT **Due By May 1, 2007**

DO NOT WRITE IN THIS SPACE

#### DOCUMENT # A16195

1. Entity Name

CONSOLIDATED RESOURCES HEALTH CARE FUND I, L



Principal Place of Business

3570 KEITH STREET, N.W. CLEVELAND, TN 37312

Mailing Address

3570 KEITH STREET, N.W. CLEVELAND, TN 37312

# FILED

2007 APR -5 AM 9: 46

SECRETARY OF STATE TALLAHASSEE, FLORIDA



01112007 No Chg-LP

CR2E003 (12/06)

4. FEI Number Applied For 58-1475466 Not Applicable \$8.75 Additional 5. Certificate of Status Desired

6. Name and Address of Current Registered Agent

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

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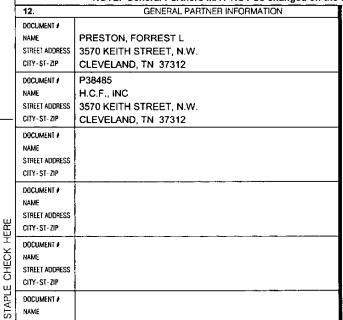
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

DATE

## FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00

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.



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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

CORD Track Statutes

Line 1. LP

SIGNATURE:

STREET ADDRESS CITY-ST-ZIE

Corporate General Partner Assistant Secretary

3/29/07

(423) 473-5868

Date