

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**  
**Apr 21, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # A16195**

1. Entity Name  
**CONSOLIDATED RESOURCES HEALTH CARE FUND I, L  
P**



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

Mailing Address  
**3570 KEITH STREET, N.W.  
CLEVELAND, TN 37312**



01232008 No Chg-LP

CR2E003 (12/06)

**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**

**DO NOT WRITE  
IN THIS SPACE**

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.

0000000310465  
05/07/08-80001-014 500.00

DATE

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2008, 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.**

**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

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**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

**SIGNATURE:** *Joan E. Thurmond*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**4-14-08**

Date

Daytime Phone #

Joan E. Thurmond, Assistant Secretary of Corporate General Partner

STAPLE CHECK HERE

A16195

## EXHIBIT "A"

### **Consolidated Resources Health Care Fund I, L.P. 3570 Keith Street, NW Cleveland, TN 37312**

#### **Partners**

Forrest L. Preston	3570 Keith Street, NW	Cleveland, TN 37312
H.C.F., Inc.- special.	3570 Keith Street, NW	Cleveland, TN 37312
Fund I Investments L.P.	3570 Keith Street, NW	Cleveland, TN 37312
H.C.F., Inc.	3570 Keith Street, NW	Cleveland, TN 37312
Developers Investment Co, Inc.	3570 Keith Street, NW	Cleveland, TN 37312

#### **Corporate General Partner**

H.C.F., Inc.

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