2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

001819? AB

1qa

DOCUMENT # A16195

1. Entity Name
CONSOLIDATED RESOURCES HEALTH CARE FUND I, LTD.

FILED

03 MAY -6 PM 7:19

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

DUE BY MAY 1, 2003

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. 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.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

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	PRESTON, FORREST L	STREET ADDRESS	
STREET ADDRESS	3570 KEITH STREET, N.W.		
CITY-ST-ZIP	CLEVELAND TN 37312	CITY-ST-ZIP	
DOCUMENT #	P38485	STREET ADDRESS	
NAME	H.C.F., INC		
STREET ADDRESS	3570 KEITH STREET, N.W.		500018291625
CITY-ST-ZIP	CLEVELAND TN 37312	CITY-ST-ZIP	05/06/03--01043--023 **526.25
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E003 (10/02)

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: [signature] REQUIRED 4/29/03 (423) 473-5868
Joan E. Thurmond, Assistant Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER | Date | Daytime Phone #

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