

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000035722

**FILED**  
**Mar 31, 2010**  
**Secretary of State**

**Entity Name:** CONSOLIDATED CAPITAL FUND, L.L.C.

**Current Principal Place of Business:**

109 N. BRUSH STREET  
SUITE 250  
TAMPA, FL 33602

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 422  
TAMPA, FL 33601

**New Mailing Address:**

**FEI Number:** 20-8923698

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HOBBY, CLARKE G ESQUIRE  
109 N. BRUSH STREET  
SUITE 250  
TAMPA, FL 33602 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: SIGNAL MANAGEMENT GROUP, INC.  
Address: P.O. BOX 422  
City-St-Zip: TAMPA, FL 33601 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNAL MANAGEMENT GROUP, INC. MATHEWS PRES MGR 03/31/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date