

1201 HAYS STREET  
TALLAHASSEE, FL 32301  
904-222-9171

800-342-8086

**B9500000450**



PRESTIGE HALL  
LEGAL & FINANCIAL SERVICES

ACCOUNT NO. : 072100000032

REFERENCE : 703056 3606C

AUTHORIZATION : Patricia Pizzuti

COST LIMIT : ~~91837.50~~

FILED IN STATES  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
95 DEC 13 AM 9:37

ORDER DATE : DECEMBER 13, 1995

ORDER TIME : 9:58 AM

ORDER NO. : 703056

CUSTOMER NO: 3606C

CUSTOMER: Ms. Emily Bonn  
Day, Berry & Howard  
260 Franklin St.

Boston, MA 02110

168.70 FILED

800001660958

~~W45000004313~~  
24315

FOREIGN FILINGS

NAME: HG MANAGEMENT I, L.P.

XX PROFIT  
       NON-PROFIT

       CORPORATE  
XXX LIMITED PARTNERSHIP

XX QUALIFICATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY  
       PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: HARRY DAVIS

RECEIVED  
12/13/95  
G. TAX FILING  
R. AGENT FEE  
G. COPY  
TOTAL  
\$ 24315  
\$ 168.70  
\$ 24483.70

Form 4

Florida Department of State, Jim Smith, Secretary of State  
APPLICATION BY FOREIGN LIMITED PARTNERSHIP  
FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

FILED STATE  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
95 DEC 13 AM 9:37

1. HG MANAGEMENT I, L.P. DBA HG MANAGEMENT I LIMITED PARTNERSHIP  
(Name of limited partnership as it is in the home state)

2. \_\_\_\_\_  
(If name is unavailable, name under which the limited partnership proposes to register or transact business in Florida; must contain the word "LIMITED" or "LTD.")

3. DELAWARE 4. 10/3/95  
(State of Formation) (Date of Formation)

5. The Prentice-Hall Corporation System, Inc.  
(Name of Registered Agent for Service of Process)

6. 1201 Hays Street  
(Street Address of Registered Office)

Tallahassee, Florida 32301  
(City) (Zip Code)

7. Acceptance by the Registered Agent for Service of Process.  
*By Francis A. Kenton, Atty. in Law*  
(Agent must sign on this line)

8. 1013 CENTRE ROAD WILMINGTON, DE 19805  
(Address of registered office required in state of formation or, if not required, address of principal office.)

9. NAMES OF GENERAL PARTNERS SPECIFIC ADDRESS

F-450000 1/16

CCS MANAGEMENT 11150 SANTA MONICA BLVD. #1400  
Los Angeles, CA 90025

10. 11150 SANTA MONICA BLVD. #1400  
(Office where Names, Addresses and Contributions of Limited Partners are kept)  
LOS ANGELES, CA 90025

STATE LIMITED PARTNERSHIP LAWS

11. The limited partnership will undertake to keep the records listing the addresses and capital contributions of the limited partner or limited partners until the limited partnership's registration in Florida is cancelled or withdrawn.

12. 11150 Santa Monica Blvd., #1400  
(Billing Address of Limited Partnership)

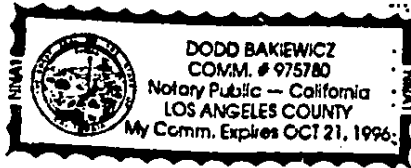
This Christopher W. Moore day of October, 1995.  
General Partner

STATE OF  
COUNTY OF

THE FOREGOING instrument was acknowledged and sworn to before me this 9<sup>th</sup> day  
of October, 1995, by Christina W. Goodman of  
CC Management Inc. (Name of General Partner) a California Corporation  
(Name of Limited Partnership)

[Signature]  
Notary Public

State of California at Large  
County of Los Angeles  
(SEAL) My Commission Expires: 10/31/96



SECRETARY OF CORPORATIONS  
DIVISION  
95 DEC 13 AM 9:31

**AFFIDAVIT OF CAPITAL CONTRIBUTIONS**

BEFORE ME, the undersigned, personally appeared CHRIS GOODMAN a  
General partner of "DBA HIGH GRADE MANAGEMENT I LIMITED PARTNERSHIP"  
DELAWARE limited partnership, hereinafter referred to as the "Partnership", who  
certifies as follows:  
HG Management I, L.P. \*

1. The amount of capital contributions of the limited partners is \$ 260,000.00
2. The anticipated amount of the capital contributions of the limited partners that are allo-  
cated for the purposes of transacting business in Florida is \$ 11,600.00

This 4 day of December, 1995

**FURTHER AFFIANT SAYETH NOT.**

Under penalties of perjury I declare that I have read the foregoing and that the facts are true,  
to the best of my knowledge and belief.

General Partner

Christopher W. Goodman

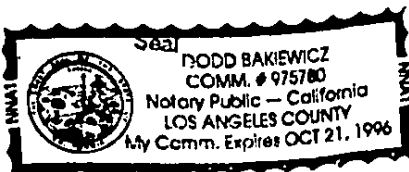
STATE OF California  
COUNTY OF Los Angeles  
DATE Dec. 4, 1995

BEFORE ME, the undersigned officer, a Notary Public authorized to administer oaths and to  
take acknowledgments in and for the State and County set forth above, personally appeared  
Christopher W. Goodman (General Partner, known to me and know by me to  
be the person who executed the foregoing Affidavit of Capital Contributions, and he ack-  
nowledged to me and before me that he executed this Affidavit as General Partner of said  
partnership.

IN WHITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the  
State and County aforesaid, this 4th day of December,  
1995

Todd Faldutsky  
Notary Public

State of California at Large  
My Commission Expires:  
Oct. 21, 1996



FILED IN STATION'S  
SECRETARY OF CORPORATIONS  
DIVISION  
31 9 31  
55 DECEMBER 1995

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP ANNUAL REPORT 1996**



FLORIDA DEPARTMENT OF STATE  
Sandra Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
96 FEB -7 AM 11:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT #  
B9500000450

CC Management I, L.P.  
DBA High Grade Management I  
Limited Partnership

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, if Applicable

Suite, Apt. #, etc. 900001711109  
02/09/96 01023 015  
City, State & Zip \*\*\*\*\*219.95 \*\*\*\*\*219.95

2a. New Principal Office Address, if Applicable

Suite, Apt. #, etc.

City, State & Zip

Mailing Address

Principal Office Address

11100 Santa Monica Blvd.  
Suite 1400  
Los Angeles, CA 90025

SAME

If above addresses are incorrect in any way, file through the incorrect information and enter correct address in Block 2 and/or 2a

3. Date Formed or Registered to Do Business in  
FLORIDA  
10/13/95

3a. Date of Last Report

4. State or Country of Formation

Delaware

5a. Capital Contributions as Shown on Record  
11,600.00

5b. Amount of Capital Contributions in FLORIDA to date  
11,600.00

6. FEI Number

95-4548177

Applied For

Not Applicable

7. CERTIFICATE OF STATUS REQUIRED

8. FEES: 1) Filing Fee: Computed at a rate of \$7 per \$1,000 on amount entered in 5b or 5a if 5b blank, with a minimum filing fee of \$52.50 and a maximum of \$437.50  
2) Supplemental Fee: \$138.75 (pursuant to section 607.193, F.S.)  
THE AMOUNT DUE SHALL BE NO LESS THAN \$181.25 (\$52.50 + \$138.75) AND NO MORE THAN \$576.25 (\$437.50 + \$138.75)  
Note: If the amount entered in 5b is greater than amount entered in 5a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.  
MAKE CHECK PAYABLE TO FLORIDA DEPT. OF STATE.

2-8

9. Name and Address of Current Registered Agent

The Prentice Hall Corporation System, Inc.  
1201 Hays Street  
Tallahassee, Florida 32301

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

FL

Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

11b. City, State & Zip Code

11c. Registration Document Number

CCS Management, Inc.

11100 Santa Monica Bl.  
Suite 1400

Los Angeles, CA

F9500004966

AS 81.20  
Sup 135.75

CR2E003 (6/95)

**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is exempted; from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE

*Chris Goodman*

DATE 12/21/95

Typed or Printed Name of General Partner Signing Form

CCS Management, Inc. By: Chris Goodman

Telephone Number (310)477-9600

Secretary