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

LIMITED PARTNERSHIP ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT# B95000000450

HG MANAGEMENT I, LIMITED PARTNERSHIP

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Aailing Address XXXIX SANTA MONICA BLVD. SUITE 1400 LOS ANGELES CA 90025	Principal Office Address **XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		3. Date Formed or Registered 12/13/1995 3a. Date of Last Report	58. Capital Contributions as Shown on record. \$11,600.00 5b. Amount of Capital Contributions in FLORIDA to date:	
200 martin on the			02/07/1996 4. State or Country of Formation		
2. Mailing Address 1150 SANTA MONICA BLVD	2a. Principal Office Address 11150 SANTA MONICA BLVD.		DE	\$0.00	
Suite, Apt. #, etc. City & State	Suite, Apt. #, etc. City & State		6. FEI Number 95-4548177	Applied For Not Applicable	
			7. Certificate of Status Desired	\$8.75 Additional	
Zip Country	7ip Country	f State (See reverse side for fee informat			
9. Name and Address of Current	Registered Agent		10. If changed, new Registere	d Agent/Office	
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET		Name			
		Street Address (P.O. Box Number Is Not Acceptable)			
TALLAHASSEE FL 32301	Suite. Apt #, etc.				
	Gity		Zip Code		
Pursuant to the provisions of sections 620 1051 and for the purpose of changing its registered office or agent. I am familiar with and accept the obligation IIGNATURE (Registered Agent Accepting Appointment).	registered agent, or both, in the State of Florida. Such c	hange was au	thorized by its general partner(s). I her	eby accept the appointment of register	
A GENERAL PARTNER THAT	T BE REGISTERED AND ACT	IVE WI	INERSHIP OR OTHE TH THIS OFFICE.		
A GENERAL PARTNER THAT	IS A CORPORATION, LIMITE T BE REGISTERED AND ACT 11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers	IVE WI	TNERSHIP OR OTHE TH THIS OFFICE. City, State & Zip Code		
A GENERAL PARTNER THAT MUS	T BE REGISTERED AND ACT	11b.	TH THIS OFFICE.	R BUSINESS ENTIT	

12. I do hereby certify that the information supplied with this hing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes Trelease the Division of Corporations from any liability of non-compliance with Section 119 07(3)(k) in the event that the information supplied is deemed exempt 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

SEE	ATTACHED	SIGNATURE	PAGE

SIGNATURE

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number (310) 914-1515

HG Management I, L.P DBA HG Management I, Limited Partnership

Attachment To: State of Florida 1997 Limited Partnership Annual Report

HG Management I, L.P.
DBA HG Management I, Limited Partnership
A Delaware limited partnership

By: CCS Management Inc.

a California Corporation its General Partner

By:

Chris Goodman

Secretary