


**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
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 DEC 27 PM 1:43 *ymta*
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1. Name of Limited Partnership	1a. DOCUMENT # B95000000450
HG MANAGEMENT I, LIMITED PARTNERSHIP	

Mailing Address XXXX SANTA MONICA BLVD. SUITE 1400 LOS ANGELES CA 90025	Principal Office Address XXXX SANTA MONICA BLVD. SUITE 1400 LOS ANGELES CA 90025
2. Mailing Address 11150 SANTA MONICA BLVD. Suite, Apt. #, etc.	2a. Principal Office Address 11150 SANTA MONICA BLVD. Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

3. Date Formed or Registered 12/13/1995	5a. Capital Contributions as Shown on record. \$11,600.00
3a. Date of Last Report 02/07/1996	
4. State or Country of Formation DE	5b. Amount of Capital Contributions in FLORIDA to date: \$0.00
6. FEI Number 95-4548177	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE FL 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) CCS MANAGEMENT, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 11150 SANTA MONICA BL	11b. City, State & Zip Code LOS ANGELES CA 90025	11c. Registration/Document Number F95000004988
900002048409--4 -01/07/97--01106--009 ****191.25 ****191.25			

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 the 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 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 _____ DATE _____

Typed or Printed Name of General Partner Signing Form _____ Daytime Telephone Number **(310) 914-1515**


CR2E003 (6/96)

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:  12-4-96
Chris Goodman
Secretary