

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

FILED

97 SEP 15 AM 11:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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1. Name of Limited Partnership HG MANAGEMENT I, LIMITED PARTNERSHIP	1a. DOCUMENT # B95000000450 98-AR CM
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2. Mailing Address 11150 SANTA MONICA BLVD. SUITE 1400 LOS ANGELES CA 90025	2a. Principal Office Address 11150 SANTA MONICA BLVD. SUITE 1400 LOS ANGELES CA 90025
Suite, Apt. #, etc.	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 12/27/1996	5b. Amount of Capital Contributions in FLORIDA to date. \$0.00
4. State or Country of Formation DE	
6. FEI Number 95-4548177 <input type="checkbox"/> Applied For <input checked="" 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
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10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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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 F95000004986
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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.

SIGNATURE _____ **SEE ATTACHED SIGNATURE PAGE** DATE _____

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

CR2E003 (6/97)

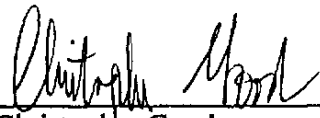
**HG Management I, L.P
DBA HG Management I, Limited Partnership**

**Attachment To:
State of Florida
1998 Limited Partnership Annual Report**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**HG Management I, L.P.
A Delaware limited partnership**

**By: CCS Management Inc.,
a California Corporation
its General Partner**

By: 

**Christopher Goodman
Secretary**

9/8/97
Date