

**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 DEC 24 PM 2:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership
HG MANAGEMENT I, LIMITED PARTNERSHIP

1a. DOCUMENT #
B95000000450

Mailing Address 11150 SANTA MONICA BLVD. SUITE 1400 LOS ANGELES CA 90025	Principal Office Address 11150 SANTA MONICA BLVD. SUITE 1400 LOS ANGELES CA 90025
2. Mailing Address	2a. Principal Office Address
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 09/15/1997	
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 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

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.	11150 SANTA MONICA BL	LOS ANGELES CA 90025	F95000004986

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-01/13/99--01033--020
****141.25 ****141.25

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.

SIGNATURE _____ SEE ATTACHED SIGNATURE PAGE _____ DATE _____

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

CR2E003 (9/98)

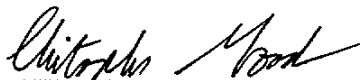
HG Management I, L.P
DBA HG Management I, Limited Partnership

Attachment To:
State of Florida
1999 Limited Partnership Annual Report

FILED
98 DEC 24 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:  12/21/98
Christopher Goodman Date
Secretary