

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

B95000000450

1. Entity Name

HG MANAGEMENT I, LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -9 PM 1:33

Principal Place of Business

Mailing Address

**11150 SANTA MONICA BLVD.,
SUITE 1400
LOS ANGELES, CA 90025**

**11150 SANTA MONICA BLVD.,
SUITE 1400
LOS ANGELES, CA 90025**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

95-4548177

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE, FL 32301**

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$11,600.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$0.00

**11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **F95000004986**
NAME **CCS MANAGEMENT, INC.**
STREET ADDRESS **11150 SANTA MONICA BLVD., SUITE 1400**
CITY-ST-ZIP **LOS ANGELES, CA 90025**

STREET ADDRESS
CITY-ST-ZIP **300003289873-011**
-06/15/00--01001--011
******169.95 ****169.95**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP **81.20**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SEE ATTACHED SIGNATURE PAGE

(310) 914-1515

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #


CR E003 (9/95)

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

Attachment To:
State of Florida
2000 Uniform Business 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: 
Christopher Goodman
Secretary

5/2/00
Date