

2001 UNIFORM BUSINESS REPORT (UBR)

0017572 AF

DOCUMENT # **B95000000450**

1. Entity Name

HG MANAGEMENT I, LIMITED PARTNERSHIP

FILED

01 JUN 25 AM 10:49

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**11150 SANTA MONICA BLVD.
SUITE 1400
LOS ANGELES CA 90025**

Mailing Address
**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	
Zip	Country	Zip	Country

4. FEI Number **95-4548177**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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, #1400
CITY-ST-ZIP	LOS ANGELES CA 90025

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	800004451568--4
CITY-ST-ZIP	-06/29/01--01039--034
STREET ADDRESS	****141.25 ****141.25

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

(310) 477-9600

Date

Daytime Phone #

CR2E003 (11/00)

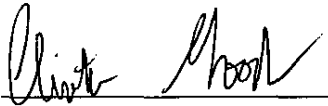
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HG Management I, L.P.
DBA HG Management I, Limited Partnership

Attachment To:
State of Florida
2001 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

4-25-01
Date