

# 2002 UNIFORM BUSINESS REPORT (UBR)

0020467 AB

192

DOCUMENT # B95000000450

1. Entity Name

HG MANAGEMENT I, LIMITED PARTNERSHIP

FILED

02 APR 29 PM 6:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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.

DUE BY MAY 1, 2002

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

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.

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

600005493046--0  
-05/08/02--01065--009  
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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) 477-9600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

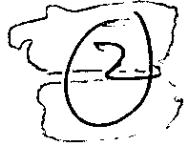
Date

Daytime Phone #

CR2E003 (9/01)

B95000000450

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

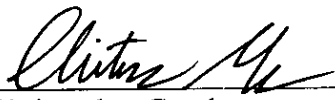
Attachment To:  
State of Florida  
2002 Uniform Business Report

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

FILED  
02 APR 29 PM 6:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

By:

  
Christopher Goodman  
Secretary

4-24-02  
Date