

2002 UNIFORM BUSINESS REPORT (UBR)

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192

0020467 AB

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 Mailing Address
11150 SANTA MONICA BLVD. **11150 SANTA MONICA BLVD.**
SUITE 1400 **SUITE 1400**
LOS ANGELES CA 90025 **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 Applied For
95-4548177 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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

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	
DOCUMENT #	F9500004986
NAME	CCS MANAGEMENT, INC.
STREET ADDRESS	11150 SANTA MONICA BLVD, #1400
CITY-ST-ZIP	LOS ANGELES CA 90025
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	600005493046--0
CITY-ST-ZIP	-05/08/02--01065--009
	****141.25 ****141.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

(310) 477-9600

Date Daytime Phone #

CR2E003 (9/01)

B95000000450

292

(2)

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

By: *Christopher Goodman*
Christopher Goodman
Secretary

4-24-02
Date

open file