

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B95000000450

1. Entity Name  
HG MANAGEMENT I, LIMITED PARTNERSHIP



FILED

03 APR 30 AM 11:01

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.

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. I am familiar with, and accept the obligations of registered agent.

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 FL. 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

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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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 (PAGED)

(310) 477-9600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)

0020701 MB

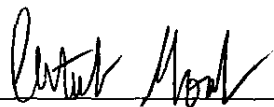
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HG Management I, L.P.  
DBA HG Management I, Limited Partnership

Attachment To:  
State of Florida  
2003 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

4-9-03  
Date