

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

1 of 2

FILED

03 APR 30 AM 11:01

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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DOCUMENT # B95000000450



1. Entity Name
HG MANAGEMENT I, LIMITED PARTNERSHIP

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

4. FEI Number 95-4548177

Applied For
Not Applicable

Zip Country

Zip Country

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

DUE BY MAY 1, 2003



430

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

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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)

STAPLE CHECK HERE

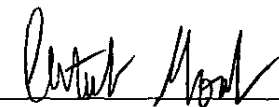
2002

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