


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2004**

**FILED**  
**Apr 22, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A02000000754</b>	
<b>1. Entity Name</b> SPG LIMITED PARTNERS, LTD.	

<b>Principal Place of Business</b> 800 CORPORATE DR., SUITE 108 FT. LAUDERDALE FL 33334	<b>Mailing Address</b> 800 CORPORATE DR., SUITE 108 FT. LAUDERDALE FL 33334
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<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt #, etc		Suite, Apt #, etc	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E003 (11/03)

<b>4. FEI Number</b> 04-3671510		<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		

<b>6. Name and Address of Current Registered Agent</b>  THRISTINO, JOHN R 7745 TRIESTE PLACE DELRAY BEACH FL 33446	<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code
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**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.**

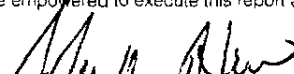
**SIGNATURE** \_\_\_\_\_ Signature typed or printed name of registered agent and title if applicable \_\_\_\_\_ DATE

**9. Capital Contributions** as Shown on record. **\$10,000,000.00** **10. Amount of Capital Contributions** in FLORIDA to date. **\$2,447,617.57** **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.**

<b>12. GENERAL PARTNER INFORMATION</b>		<b>13. ADDRESS CHANGES ONLY</b>	
<b>DOCUMENT #</b>	<b>L02000012955</b>	<b>STREET ADDRESS</b>	
<b>NAME</b>	<b>ASSET MANAGEMENT GROUP, LLC</b>	<b>CITY-ST-ZIP</b>	
<b>STREET ADDRESS</b>	<b>7745 TRIESTE PLACE</b>		
<b>CITY-ST-ZIP</b>	<b>DELRAY BEACH FL 33446</b>		
<b>DOCUMENT #</b>		<b>STREET ADDRESS</b>	<b>U000000140223</b>
<b>NAME</b>		<b>CITY-ST-ZIP</b>	<b>04/29/04-80153-005-526.25</b>
<b>STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b>			
<b>DOCUMENT #</b>		<b>STREET ADDRESS</b>	
<b>NAME</b>		<b>CITY-ST-ZIP</b>	
<b>STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b>			
<b>DOCUMENT #</b>		<b>STREET ADDRESS</b>	
<b>NAME</b>		<b>CITY-ST-ZIP</b>	
<b>STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b>			
<b>DOCUMENT #</b>		<b>STREET ADDRESS</b>	
<b>NAME</b>		<b>CITY-ST-ZIP</b>	
<b>STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b>			

**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:**  **JOHN R THRISTINO** **4-13-04** **954-689-6446**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE