

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

DOCUMENT # A02000000754

1. Entity Name
SPG LIMITED PARTNERS, LTD.



FILED

2005 MAY -3 PM 2: 58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
800 CORPORATE DR., SUITE 108
FT. LAUDERDALE, FL 33334

Mailing Address
800 CORPORATE DR., SUITE 108
FT. LAUDERDALE, FL 33334

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01142005

Chg-LP

CR2E003 (10/03)

4. FEI Number

04-3671510

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

THRISTINO, JOHN R
7745 TRIESTE PLACE
DELRAY BEACH, FL 33446

7. Name and Address of New Registered Agent

Name THRISTINO, JOHN R

Street Address (P.O. Box Number is Not Acceptable)

5535 N. MILITARY TR 1805

City Boca Raton

FL

Zip Code 33496

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

John R Thristino MGR JOHN R THRISTINO

5-1-05

9. Capital Contributions
as Shown on record.

\$10,000,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

2,653,972.03

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 # L02000012955
NAME ASSET MANAGEMENT GROUP, LLC
STREET ADDRESS 7745 TRIESTE PLACE
CITY-ST-ZIP DELRAY BEACH, FL 33446

13. ADDRESS CHANGES ONLY

STREET ADDRESS 800055382618
CITY-ST-ZIP 05/27/05--01004--005 **526.25

DOCUMENT #
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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:

John R Thristino

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

5-1-05

(954) 689-6440

STAPLE CHECK HERE