
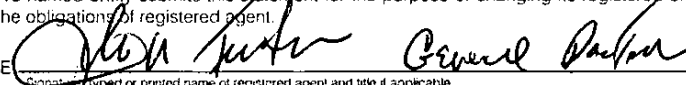
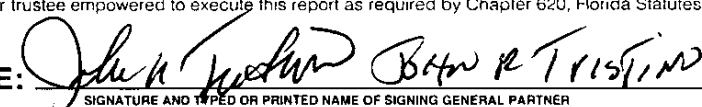


**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006**

DOCUMENT # A02000000754 1. Entity Name SPG LIMITED PARTNERS, LTD.			
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 2700 N. MILITARY TRAIL SUITE 150 BOCA RATON, FL 33431		3. Mailing Address Same	
City & State BOCA RATON, FL		City & State Same	
Zip 33431		Country USA	
4. FEI Number 04-3671510		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent THRISTINO, JOHN R 5535 N. MILITARY TRAIL, #1805 BOCA RATON FL 33496		7. Name and Address of New Registered Agent Name THRISTINO, JOHN R Street Address (P.O. Box Number is Not Acceptable) 2700 N. MILITARY TRAIL SUITE 150 BOCA RATON FL 33431	
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  General Partner DATE _____ <small>Signature typed or printed name of registered agent and title if applicable</small>			
FILE NOW!!! Fee is \$500. *** After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.			
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 # L02000012955 NAME ASSET MANAGEMENT GROUP, LLC STREET ADDRESS 7745 TRIESTE PLACE CITY-ST-ZIP DELRAY BEACH FL 33446		STREET ADDRESS 2700 N. MILITARY TRAIL SUITE 150 CITY-ST-ZIP BOCA RATON, FL 33431	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
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14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		Date 4/27/06 Daytime Phone # 561-989-9394	

COMM-1 11:09:42

STATE OF FLORIDA
TALLAHASSEE



1st MOORE CR2E003 (10/05)

STAPLE CHECK HERE