2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A02000000754

1. Entity Name
SPG LIMITED PARTNERS, LTD.

Principal Place of Business	Mailing Address
2700 NORTH MILITARY TRAIL, SUITE 150 BOCA RATON, FL 33431	2700 NORTH MILITARY TRAIL, SUITE 150 BOCA RATON, FL 33431

01042007   Chg-LP   CR2E003 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	4. FEI Number **04-3671510** / Applied For / Not Applicable
Zip / Country	Zip / Country	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
THRISTINO, JOHN R 2700 NORTH MILITARY TRAIL, SUITE 150 BOCA RATON, FL 33431	Name _Tristino, John R_ Street Address (P.O. Box Number is Not Acceptable) _16074 Roxcroft Terrace_ City _Delray Beach_ FL Zip Code _33446_

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 _John R Tristino_   _4/19/07_
Signature, typed or printed name of registered agent and title if applicable.   DATE

FILE NOW!!! FEE IS $500.00
After May 1, 2007, Fee will be $900.00

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 # NAME STREET ADDRESS CITY-ST-ZIP	L02000012955 ASSET MANAGEMENT GROUP, LLC 2700 NORTH MILITARY TRAIL, SUITE 150 BOCA RATON, FL 33431	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 Tristino_   _4/19/07_   _561-989-9394_
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER   Date   Daytime Phone #

STAPLE CHECK HERE