


**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

08 JUN-10 AM 9:16

DOCUMENT # A02000000754	
1. Entity Name SPG LIMITED PARTNERS, LTD.	

Principal Place of Business 2700 NORTH MILITARY TRAIL, SUITE 150 BOCA RATON, FL 33431	Mailing Address 2700 NORTH MILITARY TRAIL, SUITE 150 BOCA RATON, FL 33431
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2. Principal Place of Business - No P.O. Box # 16074 ROSECRAFT TERRACE Suite, Apt. #, etc.	3. Mailing Address 16074 ROSECRAFT TERRACE Suite, Apt. #, etc.
City & State Delray Beach, Florida	City & State Delray Beach, Florida
Zip 33446	Country USA



01022008 Chg-LP CR2E003 (12/06)

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 TRISTINO, JOHN R 16074 ROSECRAFT TERRACE DELRAY BEACH, FL 33446	
7. Name and Address of New Registered Agent 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2008, 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	16074 ROSECRAFT TERRACE Delray Beach, Florida 33446
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE