

**LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **AD2000000754**

1. Entity Name

SPG LIMITED PARTNERS, LTD.

FILED

03 APR 30 PM 12:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

800 CORPORATE DRIVE

Suite, Apt. #, etc.

SUITE #108

City & State

FT. LAUDERDALE, FLORIDA

Zip

33334

Country

USA

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

DO NOT WRITE IN THIS SPACE

DUE BY MAY 1

4. FEI Number

043671510

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name **JOHN R. THRISTINO**

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

7745 TRIESTE PLACE

DELRAY BEACH

FL

Zip Code

33446

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

JOHN R. THRISTINO Managing Partner

4-22-03

DATE

9. Capital Contributions
as Shown on record.

10,000,000

10. Amount of Capital Contributions
in FLORIDA to date.

1,551,779.01

11. MAKE CHECK PAYABLE TO 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.**

12. GENERAL PARTNER INFORMATION

DOCUMENT # **LD2000012955**
NAME **ASSET MANAGEMENT GROUP, LLC**
STREET ADDRESS **7745 TRIESTE PLACE**
CITY-ST-ZIP **DELRAY BEACH, FLORIDA 33446**

STREET ADDRESS

CITY-ST-ZIP

400017809544

04/30/03--01097--024 **526.25

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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 Managing Partner** **4-22-03** **(954) 689-6444**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003B (12/01)

STAPLE CHECK HERE