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

FILED Apr 08, 2008 08:00 Al Secretary of State

DOCUMENT # A03000	)OC	11	35	8
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1. Entity Name SPG PARTNERS, LLLP



Principal Place of Business

2300 GLADES RD., STE. 100E BOCA RATON, FL 33431 Mailing Address

2300 GLADES RD., STE. 100E BOCA RATON, FL 33431



## DO NOT WRITE IN THIS SPACE

01282008 No Chg-LP CR2E003 (12/06)

4. FEI Number
56-2394972 Applied For
Not Applicable

5. Certificate of Status Desired Fee Required
Fee Required

6. Name and Address of Current Registered Agent

SPG EQUITY, LLC 2300 GLADES RD., STE. 100E BOCA RATON, FL 33431

## 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 obligations of registered agent.	ith, in the State of Florida. I am familiar with, and accept
SIGNATURE	
Signature, typed or printed name of registered agent and little if applicable	DATE
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 NOTE: General Partners MAY NOT be changed on the form; an amendment must be file	

	12.	GENERAL PARTNER INFORMATION			
	DOCUMENT # NAME	L03000035406 SPG EQUITY, LLC			
	STREET ADDRESS	2300 GLADES RD., STE. 100E			
	CITY-ST-ZIP	BOCA RATON, FL. 33431			
	DOCUMENT #  NAME  STREET ADDRESS  CITY-SI-ZIP				
	DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP				
	DOCUMENT #				

000000886750 04/18/08-80069-022 500.00

## DO NOT WRITE IN THIS SPACE

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:

STREET ADDRESS

STREET AODRESS

CITY-ST-ZIP

HERE

NAME
STREET ADDRESS
CITY-SI-ZIP
DOCUMENT

SIGNATURE AND DIFED OR PRINTED NAME OF SIGNING GENERAL PARTNER

William R. Greenfield

3/24/2008

561-392-6662

Daytime Phone #