


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

**DOCUMENT # A05000000356**

1. Entity Name  
**SPG OPPORTUNITY FUND, LTD.**




Principal Place of Business      Mailing Address  
**2700 N. MILITARY TRAIL STE 150**      **2700 N. MILITARY TRAIL STE 150**  
**BOCA RATON FL 33431**      **BOCA RATON FL 33431**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State

Zip      Country      Zip      Country

COLONY - 1 11 9:42

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA



1st MOORE      CR2E003 (10/05)

4. FEI Number: **56 250 1683**      Applied For / Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**THRISTINO, JOHN R**  
**800 CORPORATE DRIVE, SUITE 108**  
**FORT LAUDERDALE FL 33334**

**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 STE 150**  
 City: **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: *[Signature]*      General Partner      DATE: **4/27/06**

**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**

DOCUMENT #	L02000012955
NAME	ASSET MANAGEMENT GROUP, LLC
STREET ADDRESS	800 CORPORATE DRIVE, SUITE 108
CITY-ST-ZIP	FORT LAUDERDALE FL 33334
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**13. ADDRESS CHANGES ONLY**

STREET ADDRESS	<b>2700 N. MILITARY TRAIL STE 150</b>
CITY-ST-ZIP	<b>BOCA RATON, FL 33431</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

**100074625171**  
**05/15/06--01048--028 \*\*500.00**

STAPLE CHECK HERE

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]*      *[Signature]*      DATE: **4/27/06**      Daytime Phone #: **(561) 989-9394**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER