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

STAPLE CHECK

SIGNATURE:

SNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

SECRETARY OF STATE TALLAHASSEE, FLORIDA DOCUMENT # A05000000356 SPG OPPORTUNITY FUND, LTD. 08 JUN 10 AM 9: 16 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 - No P.O. Box # 16074 KOSECHOFT TRYLE Suite, Apt. #, etc 01022008 Chg-LP CR2E003 (12/06) 4. FEI Number Applied For 56-2501683 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TRISTINO, JOHN R Street Address (P.O. Box Number is Not Acceptable) 16074 ROSECRAFT TERRACE DELRAY BEACH, FL 33446 Zip Code FL 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, typed or printed name of registered agent and title 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 ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. GENERAL PARTNER INFORMATION 13. 12. DOCUMENT # L06000027868 STREET ADDRESS ASHTON MANAGEMENT GROUP, LLC NAME STREET ADDRESS 2700 N. MILITARY TRAIL STE 150 CITY-ST-ZIF CITY-ST-ZIP BOCA RATON, FL 33431 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 600130682536 <del>86/83/88-81825-885 \*\*588.88</del> CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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 elipowered to execute, this report as required by Chapter 620, Florida Statutes