

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 JUN 10 AM 9:16



DOCUMENT # A05000000356

1. Entity Name
 SPG OPPORTUNITY FUND, LTD.

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



2. Principal Place of Business - No P.O. Box # 16074 ROSECRAFT TERRACE	3. Mailing Address 16074 ROSECRAFT TERRACE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01022008 Chg-LP CR2E003 (12/06)

City & State Delray Beach, Florida	City & State Delray Beach, Florida
Zip 33446	Zip 33446
Country USA	Country USA

4. FEI Number 56-2501683	Applied For Not Applicable
------------------------------------	-------------------------------

6. Name and Address of Current Registered Agent

TRISTINO, JOHN R
16074 ROSECRAFT TERRACE
DELRAY BEACH, FL 33446

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

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 _____

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	L06000027868 ASHTON MANAGEMENT GROUP, LLC 2700 N. MILITARY TRAIL STE 150 BOCA RATON, FL 33431	STREET ADDRESS CITY-ST-ZIP	16074 ROSECRAFT TERRACE Delray Beach, FL 33446
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	600130682536 06/03/08 01025 005 **500.00
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	

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: John R. Tristino John Tristino **5/1/08** **5616304581**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #