



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

DOCUMENT # A05000002311 1. Entity Name SPG-TIGER FUND, LTD.						05 MAY -1 PM 3:12 STATE OF FLORIDA TALLAHASSEE FLORIDA 	
Principal Place of Business 2700 N. MILITARY TRAIL, SUITE 150 BOCA RATON FL 33431				Mailing Address 2700 N. MILITARY TRAIL, SUITE 150 BOCA RATON FL 33431			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number						<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>						\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent THRISTINO, JOHN R 2700 N. MILITARY TRAIL, SUITE 150 BOCA RATON FL 33431				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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 <i>[Signature]</i> <i>[Signature]</i> 4/27/06 <small>Signature, typed or printed name of registered agent and title if applicable</small>							
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				13. ADDRESS CHANGES ONLY			
DOCUMENT # L02000012955 NAME ASSET MANAGEMENT GROUP, LLC STREET ADDRESS 2700 N. MILITARY TRAIL, SUITE 150 CITY-ST-ZIP BOCA RATON FL 33431				STREET ADDRESS CITY-ST-ZIP			
DOCUMENT # F05000007557 NAME PASCOM, INC. STREET ADDRESS 20 RIVER TERRACE, APT 9J CITY-ST-ZIP NEW YORK NY 10282				STREET ADDRESS CITY-ST-ZIP			
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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: <i>[Signature]</i> <i>[Signature]</i> <i>JOHN R THRISTINO</i> 4/27/06 (981) 989-9394 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>							

STAPLE CHECK HERE