


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

FILED

Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # A00000001523					
1. Entity Name SAUMS 176 PHASE II, LTD.					
Principal Place of Business 777 BRICKELL AVENUE, SUITE 1390 MIAMI FL 33131			Mailing Address 777 BRICKELL AVENUE, SUITE 1390 MIAMI FL 33131		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0752409	
6. Name and Address of Current Registered Agent FABRE, FRANK R.S. 717 PONCE DE LEON BLVD., SUITE 234 CORAL GABLES FL 33134				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent				Applied For Not Applicable	
Name				Applied For	
Street Address (P.O. Box Number is Not Acceptable)				Not Applicable	
City				Zip Code	
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 _____ <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 #	P95000093762		STREET ADDRESS		
NAME	CANYON PROPERTIES, INC.		CITY-ST-ZIP		
STREET ADDRESS	777 BRICKELL AVENUE, SUITE 1390			U00000532694	
CITY-ST-ZIP	MIAMI FL 33131			05/06/06-80090-023 508.75	
DOCUMENT #			STREET ADDRESS		
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STREET ADDRESS					
CITY-ST-ZIP					
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: _____			4/20/06 305-381-8790		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		



1st MOORE CR2E003 (10/05)

STAPLE CHECK HERE