


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

**FILED**

2008 APR -9 PM 12: 53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # A00000001523</b>	
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
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2. Principal Place of Business - No P.O. Box # <i>777 Brickell Ave</i>	3. Mailing Address <i>777 Brickell Ave</i>
Suite, Apt. #, etc. <i>Suite 1010</i>	Suite, Apt. #, etc. <i>Suite 1010</i>
City & State <i>Miami FL</i>	City & State <i>Miami FL</i>
Zip <i>33131</i>	Zip <i>33131</i>
Country <i>USA</i>	Country <i>USA</i>

03132008 Chg-LP CR2E003 (12/06)

4. FEI Number 65-0752409	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  FABRE, FRANK R.S. 717 PONCE DE LEON BLVD., SUITE 234 CORAL GABLES, FL 33134
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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	P95000093762 CANYON PROPERTIES, INC. 777 BRICKELL AVENUE, SUITE 1390 MIAMI, FL 33131	STREET ADDRESS CITY-ST-ZIP	<i>777 Brickell Ave #1010</i> <i>Miami FL 33131</i>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	900122044849 04/03/08--01034--024 **508.75
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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]* 03/25/08 (305) 381-8770  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #