

**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 MAR 24 AM 9:41



DOCUMENT # A9700001028
1. Entity Name
SAUMS 176, LTD.

Principal Place of Business: 777 BRICKELL AVE., SUITE 1390 MIAMI FL 33131
Mailing Address: 777 BRICKELL AVE., SUITE 1390 MIAMI FL 33131

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State
Zip: Zip Country: Country

4. FEI Number: 65-0752409 Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required



1ST MOORE CR2E003 (10/04)

6. Name and Address of Current Registered Agent
FABRE, FRANK R. S
717 PONCE DE LEON BLVD., SUITE 234
CORAL GABLES FL 33134

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: _____
9. Capital Contributions as Shown on record: \$35,000.00
10. Amount of Capital Contributions in FLORIDA to date: _____

11. FILE NOW!!! Due by May 1, 2005
See Block 11 instructions for fee info

**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 AVE., SUITE 1390		
CITY-ST-ZIP	MIAMI FL 33131		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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STREET ADDRESS			
CITY-ST-ZIP			

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STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 03/22/05 (305) 388-8790
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #