

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

**FILED**

2008 APR -9 PM 12:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**DOCUMENT # A97000001028**

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 - No. P.O. Box #

777 Brickell Ave  
Suite, Apt. #, etc.  
#100

3. Mailing Address

777 Brickell Ave  
Suite, Apt. #, etc.  
#100

03132008 Chg-LP CR2E003 (12/06)

City & State  
Miami FL

City & State  
Miami FL

4. FEI Number  
65-0752409

Applied For  
Not Applicable

Zip Country  
33131 USA

Zip Country  
33131 USA

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

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 \_\_\_\_\_  
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

DOCUMENT # P95000093762  
NAME CANYON PROPERTIES, INC.  
STREET ADDRESS 777 BRICKELL AVE., SUITE 1390  
CITY-ST-ZIP MIAMI, FL 33131

13. ADDRESS CHANGES ONLY

STREET ADDRESS 777 Brickell Ave #100  
CITY-ST-ZIP Miami FL 33131

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

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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:

03/25/08 (305) 381-8790  
Date Daytime Phone #

STAPLE CHECK HERE