


**2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004**

**FILED
Mar 19, 2004 08:00 AM
Secretary of State**

DOCUMENT # A95000000752
1. Entry Name
KENDALL 157 SUPERSTORE, LTD.



Principal Place of Business: C/O SUCHMAN RETAIL GROUP, 1550 MADRUGA AVE., SUITE 230, CORAL GABLES, FL 33146
Mailing Address: C/O SUCHMAN RETAIL GROUP, 1550 MADRUGA AVE., SUITE 230, CORAL GABLES, FL 33146

2. Principal Place of Business
3. Mailing Address

Suite, Apt #, etc. City & State

City & State

Zip Country Zip Country



01072004 Chg-LP CR2E003 (10/03)
4. FEI Number: 65-0592709 Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent: SUCHMAN, LAWRENCE E, C/O SUCHMAN RETAIL GROUP, 1550 MADRUGA AVE., SUITE 230, CORAL GABLES, FL 33146
7. Name and Address of New Registered Agent: Name, Street Address (P.O. Box Number is Not Acceptable), City, State (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

9. Capital Contributions as Shown on record: \$100.00
10. Amount of Capital Contributions in FLORIDA to date.

**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 #	P95000037386	STREET ADDRESS	
NAME	KENDALL 157 SUPERSTORE, INC.	CITY-ST-ZIP	
STREET ADDRESS	C/O 1550 MADRUGA AVE., SUITE 230		
CITY-ST-ZIP	CORAL GABLES, FL 33146		
DOCUMENT #		STREET ADDRESS	U00000097402
NAME		CITY-ST-ZIP	03/25/04-80038-007 141.25
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CITY-ST-ZIP			

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: Peter A. Roberts, ST PETER A. ROBERTS
Date: 03/10/2004 Daytime Phone #: 305-667-6461