


**2005 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2005**

**FILED  
Apr 09, 2005 08:00 AM  
Secretary of State**

DOCUMENT # A9500000752					
1. Entity 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.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0592709	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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			Name		
Street Address (P.O. Box Number is Not Acceptable)			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 _____ <small>Signature, typed or printed name of registered agent and date if applicable.</small>					
9. Capital Contributions as Shown on record. \$100.00		10. Amount of Capital Contributions in FLORIDA to date.			
<b>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.</b>					
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		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 33146		CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS	000000295030	
NAME			CITY-ST-ZIP	04/09/05-80011-017 141.25	
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Peter A. Roberts</i>			03/29/05 305-667-6461		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		
<b>PETER A. ROBERTS</b>					

STAPLE CHECK HERE