


**2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007**

**FILED
Apr 26, 2007 08:00 AM
Secretary of State**

DOCUMENT # A95000000752 1. Entity Name KENDALL 157 SUPERSTORE, LTD.	
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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
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

03012007 Chg-LP CR2E003 (12/06)

City & State	City & State	4. FEI Number 65-0592709	Applied For Not Applicable
Zip	Country	Zip	Country

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 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 type or printed name of registered agent and file if applicable

**FILE NOW!!! FEE IS \$500.00
After May 1, 2007, 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	P95000037386 KENDALL 157 SUPERSTORE, INC. C/O 1550 MADRUGA AVE., SUITE 230 CORAL GABLES, FL 33146	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 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: Philip Leitman PHILIP LEITMAN VP 4/23/07 305 667 6461

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date DayTime Phone #