


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
Zip	Country

4. FEI Number 65-0592709	Applied For <input type="checkbox"/> Not Applicable
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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	

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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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 _____

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	
DOCUMENT #	P95000037386
NAME	KENDALL 157 SUPERSTORE, INC.
STREET ADDRESS	C/O 1550 MADRUGA AVE., SUITE 230
CITY-ST-ZIP	CORAL GABLES, FL 33146
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	000000725073
CITY-ST-ZIP	05/10/07-80019-007 500.00
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

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 Date: 4/23/07 DayTime Phone #: 305 667 6461