2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A9500000752

1. Entity Name

KENDALL 157 SUPERSTORE, LTD.



FILED

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SECREGARIANE SECRETARE

TALLAMASSEE, FLORIDA

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. 1	3. Mailing Address									
Suite, Apt. #, etc.				Suite, Apt. #, etc.			DUE BY MAY 1, 2003						
City & State				City & State			4. FEI Number	65-0592709			Applied For Not Applicable		
Zip Country Z				ip	Country		5. Certificate of Status Desired \$8.75 Additional Fee Required						
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent							
C/Ø SUCI	N, LAWRENG HMAN RETA	IL GROUP			Street Address (P.O. Box Number is Not Acceptable)								
,		, SUITE 230				1/1							
CORAL GABLES FL 33146					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 Signature, typed or printed name of registered agent and title if applicable. DATE													
9. Capital Contributions 3. Shown on record 3. \$100.00 10. Amount of Capital in ELORIDA to det						tributions 11. MAKE CHECK PAYABLE TO FL. DEPT, OF STATE							
as shown different.								SEE REVERSE			IFORMATION		
,				S A BUSINESS ENT									
NOTE: General Partners MAY NOT be changed on the 12. GENERAL PARTNER INFORMATION					13.	ADDRESS CHANGES ONLY							
DOCUMENT #	P95000037386 KENDALL 157 SUPERSTORE, INC.				STREET ADDR	ESS	,						
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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

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP DOCUMENT #

CITY-ST-ZIP

NAME STREET ADDRESS

SIGNATURE AND TYPED OF THE STATE OF TAKE BETTER LEARTHER

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