LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)

FILED

02 MAY -3 PM 3:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A99000001324

1. Entity Name

Resources for Environmental Protection LLLP

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
109 Ocean Terrace Suite, Apt. #, etc.	109 Ocean Terrace Suite, Apt. #, etc.
City & State: Palm Beach FL	City & State: Palm Beach FL
Zip: 33480 Country: Palm Beach	Zip: 33480 Country: Palm Beach

DUE BY MAY 1

4. FEI Number: 65-0936136 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Joel Martino

Street Address (P.O. Box Number is Not Acceptable): 109 Ocean Terrace

City: Palm Beach FL Zip Code: 33480

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.

SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on records	10. Amount of Capital Contributions in FLORIDA to date	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
4,072,000	4,072,000	

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 #	N/A
NAME	June Martino
STREET ADDRESS	1575 N. Ocean Blvd.
CITY-ST-ZIP	Palm Beach FL 33480
DOCUMENT #	N/A
NAME	Joel Martino
STREET ADDRESS	109 Ocean Terrace
CITY-ST-ZIP	Palm Beach FL 33480
DOCUMENT #	N/A
NAME	John Martino
STREET ADDRESS	1 North Indian Knoll
CITY-ST-ZIP	West Chicago Illinois 60185
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
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STREET ADDRESS	
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CITY-ST-ZIP	

CR2E003B (12/01)

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: _____ 4-29-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #