

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**DOCUMENT # A99000001324**

1. Entity Name  
**RESOURCES FOR ENVIRONMENTAL PROTECTION  
 LLLP**



Principal Place of Business  
**109 OCEAN TERRACE  
 PALM BEACH, FL 33480**

Mailing Address  
**109 OCEAN TERRACE  
 PALM BEACH, FL 33480**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02292004

Chg-LP

CR2E003 (10/03)

4. FEI Number  
**65-0936136**

Applied For  
 Not Applicable

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**

**MARTINO, JOEL  
 109 OCEAN TERRACE  
 PALM BEACH, FL 33480**

Name

Street Address (P.O. Box Number is Not Acceptable)

05/14/04--01007--001 \*\*526.25

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  
 as Shown on record. **\$4,072,000.00**

10. Amount of Capital Contributions  
 in FLORIDA to date. **3,315,510**

**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 **MARTINO, JUNE TRUSTEE**  
 STREET ADDRESS **1575 N. OCEAN**  
 CITY-ST-ZIP **PALM BEACH, FL**

STREET ADDRESS **46 Joel Martino**  
**109 Ocean Terrace**  
 CITY-ST-ZIP

DOCUMENT #  
 NAME **MARTINO, JOEL TRUSTEE**  
 STREET ADDRESS **109 OCEAN TERRACE**  
 CITY-ST-ZIP **PALM BEACH, FL**

STREET ADDRESS  
 CITY-ST-ZIP **200036282682**  
**05/14/04--01007--001 \*\*526.25**

DOCUMENT #  
 NAME **MARTINO, JOHN**  
 STREET ADDRESS **1 NORTH INDIAN KNOLL**  
 CITY-ST-ZIP **WEST CHICAGO, IL**

STREET ADDRESS  
 CITY-ST-ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

STREET ADDRESS  
 CITY-ST-ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

STREET ADDRESS  
 CITY-ST-ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

STREET ADDRESS  
 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

**3-4-04**

**561-842-9063**

FILED

2004 APR 26 AM 9:31

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



STAPLE CHECK HERE