2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

STAPLE CHECK HERE

Due by May 1, 2005									
DOCUI 1. Entity Nam RESOUR LLLP						AM 10: 56			
			1 3			TALL /	10 10 KY (OF STATE • FLORIDA	
Principal Place of Business Mailing Addres						17744	AUM 22FF	, FLORIDA	
		109 OCEAN TERRACE PALM BEACH, FL 33480							
FALIN DEACH, TE 33400 FALIN DEACH, TE 33400									
						8)(8			
2. Principal Place of Business 3. Mailing Address									
744 Waterway Drive		744 Waterway Drive							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04182005	Chg-LP	CR2E003	(10/03)		
City & State City & State					4. FEI Number	<u>.</u>		Applied For	
City & State North Palm Beach, FL		North Palm Beach, FL		65-0936			Not Applicable		
Zip Country		Zip Country					_ \$8	.75 Additional	
33408-4		33408-4233	USA		5. Certificate o	f Status Desired		Required	
6. Name and Address of Current Registered Agent				'	7. Name and A	Address of New Ro	egistered Age	nt	
Name									
MARTINO,	JOEE		Street (Joel Martino					
109 OCEAN TERRACE but new address PALM BEACH, FL 33480				Street Address (P.O. Box Number is Not Acceptable) 744 Waterway Drive					
FACIVI DEF	(CT), T.E. 35460								
			City	****	 			Zin Code	
	•		City	Nortl	North Palm Beach FL Zip Code 33408				
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.									
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				ADDRESS CHANGES ONLY					
DOCUMENT #		13,	Tool Manting C John Manting as successed						
NAME	MARTINO, JUNE TRUSTEE	STREET ADDRESS							
STREET ADDRESS	C/O JOEL MARTINO, 109 OCEA!	CITY-ST-ZIP	1	stees of the June Martino Amended and tated Revocable Trust dtd 4/10/97					
CITY-ST-ZIP	PALM BEACH, FL 33480			1	Waterway Dr., N. Palm Beach, FL 33408				
DOCUMENT /	s			REET ADDRESS 744 Waterway Drive					
NAME	MARTINO, JOEL TRUSTEE			1/44	waterway 	DIIVE			
STREET ADDRESS CITY-ST-ZIP	109 OCEAN TERRACE			North Palm Beach, FL 33408-4233					
	17 EN 33 (31), 12 33 (33)			INOT C	ii rariii be	acii, rh	33400-47	233	
DOCUMENT #	MARTINO, JOHN			1N38	7 Indian	Knoll Roa	d		
STREET ADDRESS	1								
CITY-ST-ZIP	WEST CHICAGO, IL	CITY-ST-ZIP	West	Chicago,	IL 6018	5			
DOCUMENT #			070557 1000500	1					
NAME		,	STREET ADDRESS			•			
STREET ADDRESS			CITY-ST-ZIP		g***** g****				
CITY-ST-ZIP			ļ	600054348776 05/13/0501003004 **5/6,25					
DOCUMENT #	•		STREET ADDRESS		U5/13/	. n201003.	UU4 *	**>2b.25	
NAME								·	
STREET ADDRESS CITY-ST-ZIP			CITY+ST-ZIP						
				-					
DOCUMENT #			STREET ADDRESS						
STREET_ADDRESS									
CITY-ST-ZIP			CITY-ST-ZIP						
14. I hereby o	certify that the information supplied with	this filing does not qualify for th	ne exemption sta	ated in Sec	ction 119.07(3)(i).	, Florida Statutes. I	further certify	that the information	
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									
4001 AMMINA 4-19-2668									

Daytime Phone #