

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**Apr 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # A99000001324**

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



Principal Place of Business  
**744 WATERWAY DRIVE  
NORTH PALM BEACH, FL 33408-4233**

Mailing Address  
**744 WATERWAY DRIVE  
NORTH PALM BEACH, FL 33408-4233**



04052006 No Chg-LP

CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0936136**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**5. Name and Address of Current Registered Agent**

**MARTINO, JOEL  
744 WATERWAY DRIVE  
NORTH PALM BEACH, FL 33408-4233**

**DO NOT WRITE  
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2006, 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 #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MARTINO, JOHN D TRUSTEE  
744 WATERWAY DRIVE  
NORTH PALM BEACH, FL 334084233**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MARTINO, JOEL TRUSTEE  
744 WATERWAY DRIVE  
NORTH PALM BEACH, FL 334084233**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MARTINO, JOEL A TRUSTEE  
744 WATERWAY DRIVE  
NORTH PALM BEACH, FL 334084233**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MARTINO, JOHN  
1 NORTH INDIAN KNOLL  
WEST CHICAGO, IL 60185**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000516057  
04/29/06-80231-019 500.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Dejo

Daytime Phone #

**4-8-06 561-799-2668**

STAPLE CHECK HERE