


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 14, 2007

FILED
Jul 19, 2007 08:00 AM
Secretary of State

DOCUMENT # A99000001324 1. Entity Name RESOURCES FOR ENVIRONMENTAL PROTECTION LLLP	
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Principal Place of Business 744 WATERWAY DRIVE NORTH PALM BEACH, FL 33408-4233	Mailing Address 744 WATERWAY DRIVE NORTH PALM BEACH, FL 33408-4233
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07052007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 65-0936136	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent MARTINO, JOEL 744 WATERWAY DRIVE NORTH PALM BEACH, FL 33408-4233
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**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$900.00
On or after September 14, 2007, Fee will be \$1000.00

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	

1100000769567
07/19/07-80006-006 900.00

**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

Joel Martino July 6 2007 561 799-2668
Date Daytime Phone #

STAPLE CHECK HERE