


**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**  
**Jan 30, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A99000001324</b> 1. Entity Name <b>RESOURCES FOR ENVIRONMENTAL PROTECTION LLLP</b>	
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Principal Place of Business <b>744 WATERWAY DRIVE NORTH PALM BEACH, FL 33408-4233</b>	Mailing Address <b>744 WATERWAY DRIVE NORTH PALM BEACH, FL 33408-4233</b>
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**DO NOT WRITE IN THIS SPACE**



01162008 No Chg-LP

CR2E003 (12/06)

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

6. Name and Address of Current Registered Agent  <b>MARTINO, JOEL 744 WATERWAY DRIVE NORTH PALM BEACH, FL 33408-4233</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \$500.00**  
**After May 1, 2008, Fee will be \$900.00**

000000805216  
02/05/08-80099-015 500.00

**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	<b>MARTINO, JOHN D TRUSTEE</b>
STREET ADDRESS	<b>744 WATERWAY DRIVE</b>
CITY-ST-ZIP	<b>NORTH PALM BEACH, FL 334084233</b>
DOCUMENT #	
NAME	<b>MARTINO, JOEL TRUSTEE</b>
STREET ADDRESS	<b>744 WATERWAY DRIVE</b>
CITY-ST-ZIP	<b>NORTH PALM BEACH, FL 334084233</b>
DOCUMENT #	
NAME	<b>MARTINO, JOEL A TRUSTEE</b>
STREET ADDRESS	<b>744 WATERWAY DRIVE</b>
CITY-ST-ZIP	<b>NORTH PALM BEACH, FL 334084233</b>
DOCUMENT #	
NAME	<b>MARTINO, JOHN</b>
STREET ADDRESS	<b>1 NORTH INDIAN KNOLL</b>
CITY-ST-ZIP	<b>WEST CHICAGO, IL 60185</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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 20, Florida Statutes.

**SIGNATURE:** Joel Martino 1-17-08 361-799-2668  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE