


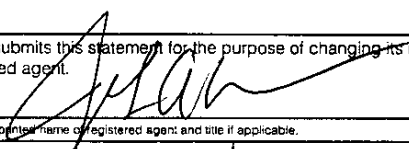
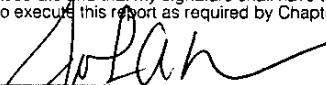
# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

## Due By May 1, 2005

FILED

2005 APR 18 PM 1:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # A02000001752</b>					
<b>1. Entity Name</b> CARMEL ENTERPRISES, LTD.					
<b>Principal Place of Business</b> % JOHN A. MORAN, DUNLAP & MORAN, P.A. 22 S. LINKS AVE., SUITE 300 SARASOTA, FL 34236			<b>Mailing Address</b> % JOHN A. MORAN, DUNLAP & MORAN, P.A. P.O. BOX 3948 SARASOTA, FL 34230		
<b>2. Principal Place of Business</b> c/o John A. Moran, Esq. Suite, Apt. #, etc. 1990 Main St., Suite 700 City & State Sarasota, FL 34236 Zip 34236			<b>3. Mailing Address</b> Suite, Apt. #, etc. City & State Zip Country U.S.		
<b>4. FEI Number</b> 65-1181558			Applied For <input type="checkbox"/> Not Applicable		
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
<b>6. Name and Address of Current Registered Agent</b> MORAN, JOHN A % DUNLAP & MORAN, P.A. 22 S. LINKS AVE., SUITE 300 SARASOTA, FL 34236			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) 1990 Main Street, Suite 700 City Sarasota FL Zip Code 34236		
<b>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.</b> SIGNATURE  DATE <u>4-14-05</u>					
<b>9. Capital Contributions as Shown on record.</b> \$183,750.00			<b>10. Amount of Capital Contributions in FLORIDA to date.</b> \$183,750.00		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT #	NAME		STREET ADDRESS	1990 Main Street, Suite 700	
NAME	MORAN, JOHN A		CITY-ST-ZIP	Sarasota, FL 34236	
STREET ADDRESS	% 22 S. LINKS AVENUE, SUITE 300				
CITY-ST-ZIP	SARASOTA, FL 34236				
DOCUMENT #	NAME		STREET ADDRESS		
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<b>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</b>					
<b>SIGNATURE:</b> 			Date <u>4-14-05</u> Daytime Phone # <u>941/366-0115</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER John A. Moran					

STAPLE CHECK HERE