


**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007**

**FILED
Jan 29, 2007 08:00 AM
Secretary of State**

DOCUMENT # A25246
1. Entity Name
CARAVEL, LTD.



Principal Place of Business Mailing Address
**26301 SIENA DR. 26301 SIENA DR.
BONITA SPRINGS FL 34134 BONITA SPRINGS FL 34134**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State

1st MOORE CR2E003 (10/06)

4. FEI Number **59-2836797**
Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**SWEENEY, JOHN F
26301 SIENA DR.
BONITA SPRINGS FL 34134**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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]* **No Change 1-26-07** DATE

FILE NOW!!! Fee is \$500. * After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State.**

**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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	SWEENEY, JOHN F 26301 SIENA DR. BONITA SPRINGS FL	STREET ADDRESS CITY-ST-ZIP	000000606591 01/31/07-80003-014 500.00
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	SWEENEY, MICHAEL J 10700 DEER SHADOW LN CINCINNATI OH 45242	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	SWEENEY GARMS, PATRICIA 1835 PLEASANT ST. WEST DES MOINES IA	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	SWEENEY HANNER, KAREN 4227 FOX HOLLOW DR. CINCINNATI OH 45241	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	

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]* **1-26-07** DATE Daytime Phone #

STAPLE CHECK HERE