


**2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2008**

**FILED
Jan 28, 2008 08:00 AM
Secretary of State**

DOCUMENT # A25246 1. Entity Name CARAVEL, LTD.	
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Principal Place of Business 26301 SIENA DR. BONITA SPRINGS FL 34134	Mailing Address 26301 SIENA DR. BONITA SPRINGS FL 34134
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E003 (10/07)

City & State	City & State	4. FEI Number 59-2836797	Applied For Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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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
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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 date if applicable

FILE NOW!!! Fee is \$500. * After May 1, 2008, 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	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	SWEENEY, MICHAEL J 10700 DEER SHADOW LN CINCINNATI OH 45242	STREET ADDRESS CITY-ST-ZIP	1100000803941 02/05/08-80047-005 500.00
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	

STAPLE CHECK HERE

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 of trust empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:  1-25-08 239-495-6944