


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90796 037 \*\*\*\*50.00

<b>DOCUMENT # L02000022046</b> 1. Entity Name <b>HAVE SEAL - WILL TRAVEL, L.L.C.</b>					
Principal Place of Business <b>9735 SW 96TH ST OCALA, FL 34481</b>			Mailing Address <b>9735 SW 96TH ST OCALA, FL 34481</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>NOT APPLICABLE</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>KWIATKOWSKI, RICHARD T 390 SW SOUTH RIVER DRIVE, #206 STUART, FL 34997</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>9735 SW 96 ST</b> City <b>OCALA</b> FL Zip Code <b>34481</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.					
SIGNATURE _____ DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KWIATKOWSKI, RICHARD T 390 SW SOUTH RIVER DRIVE #206 STUART, FL 34997	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	KWIATKOWSKI, RICHARD T 390 SW SOUTH RIVER DRIVE #206 STUART, FL 34997	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	KWIATKOWSKI, RICHARD T 390 SW SOUTH RIVER DRIVE #206 STUART, FL 34997	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	KWIATKOWSKI, RICHARD T 390 SW SOUTH RIVER DRIVE #206 STUART, FL 34997	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	KWIATKOWSKI, RICHARD T 390 SW SOUTH RIVER DRIVE #206 STUART, FL 34997	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
<b>SIGNATURE: <i>Richard Kwiatkowski</i> 3/17/05 352-362-6465</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

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