

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 15, 2007 08:00 A
Secretary of State

DOCUMENT # L05000041775 1. Entity Name GETZEL'S DEPARTMENT STORE, LLC	
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Principal Place of Business 127 MAIN STREET LEESBURG, FL 34748	Mailing Address 127 MAIN STREET LEESBURG, FL 34748
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DO NOT WRITE IN THIS SPACE



02072007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 75-3193451	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MULARSKY, FREDERICK R
37219 SHADOW WOOD LANE
FRUITLAND PARK, FL 34731

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MULARSKY, FREDERICK R 37219 SHADOW WOOD LANE FRUITLAND PARK, FL 34731
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11. 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 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.

SIGNATURE: *Frederick R Mularsky* 2/9/07 352-728-3946
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #