

**FILED**  
**Jul 26, 2007 08:00 AM**  
**Secretary of State**

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                       |                                                                                   |       |   |      |                     |                |                       |                |                  |       |  |      |  |                |  |                |  |       |  |      |  |                |  |                |  |       |  |      |  |                |  |                |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------------------------------------------------------------------|-------|---|------|---------------------|----------------|-----------------------|----------------|------------------|-------|--|------|--|----------------|--|----------------|--|-------|--|------|--|----------------|--|----------------|--|-------|--|------|--|----------------|--|----------------|--|
| <b>DOCUMENT # L00000014159</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                       |  |       |   |      |                     |                |                       |                |                  |       |  |      |  |                |  |                |  |       |  |      |  |                |  |                |  |       |  |      |  |                |  |                |  |
| 1. Entity Name<br>JLS REAL ESTATE, LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                       |                                                                                   |       |   |      |                     |                |                       |                |                  |       |  |      |  |                |  |                |  |       |  |      |  |                |  |                |  |       |  |      |  |                |  |                |  |
| Principal Place of Business<br>1517 WINTERBERRY LANE<br>DARIEN, IL 60561                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       | Mailing Address<br>1517 WINTERBERRY LANE<br>DARIEN, IL 60561                      |       |   |      |                     |                |                       |                |                  |       |  |      |  |                |  |                |  |       |  |      |  |                |  |                |  |       |  |      |  |                |  |                |  |
| <b>DO NOT WRITE IN THIS SPACE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                       |                                                                                   |       |   |      |                     |                |                       |                |                  |       |  |      |  |                |  |                |  |       |  |      |  |                |  |                |  |       |  |      |  |                |  |                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                       | 07/26/2007 No Chg. LLC CR2E083 (11/05)                                            |       |   |      |                     |                |                       |                |                  |       |  |      |  |                |  |                |  |       |  |      |  |                |  |                |  |       |  |      |  |                |  |                |  |
| 4. FEI Number<br>58-2584250                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                       | Applied For<br><input checked="" type="checkbox"/> Not Applicable                 |       |   |      |                     |                |                       |                |                  |       |  |      |  |                |  |                |  |       |  |      |  |                |  |                |  |       |  |      |  |                |  |                |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                       | \$5.00 Additional<br>Fee Required                                                 |       |   |      |                     |                |                       |                |                  |       |  |      |  |                |  |                |  |       |  |      |  |                |  |                |  |       |  |      |  |                |  |                |  |
| 6. Name and Address of Current Registered Agent<br><br>ALLARD INVESTMENT REALTY, INC.<br>695 CENTRAL SUITE #107<br>ST PETERSBURG, FL 33701                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                       | <b>DO NOT WRITE<br/>IN THIS SPACE</b>                                             |       |   |      |                     |                |                       |                |                  |       |  |      |  |                |  |                |  |       |  |      |  |                |  |                |  |       |  |      |  |                |  |                |  |
| 7. 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 _____<br><small>Signature, typed or printed name of registered agent and the filer, if applicable. DATE: Registered Agent Signature required when reappointing.</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                       |                                                                                   |       |   |      |                     |                |                       |                |                  |       |  |      |  |                |  |                |  |       |  |      |  |                |  |                |  |       |  |      |  |                |  |                |  |
| Filing Fee is \$50.00<br>Due by September 14, 2007                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                       |                                                                                   |       |   |      |                     |                |                       |                |                  |       |  |      |  |                |  |                |  |       |  |      |  |                |  |                |  |       |  |      |  |                |  |                |  |
| <b>8. MANAGING MEMBERS/MANAGERS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                       |                                                                                   |       |   |      |                     |                |                       |                |                  |       |  |      |  |                |  |                |  |       |  |      |  |                |  |                |  |       |  |      |  |                |  |                |  |
| <table border="1"><tr><td>TITLE</td><td>P</td></tr><tr><td>NAME</td><td>SULKOWSKI, JAMES L.</td></tr><tr><td>STREET ADDRESS</td><td>1517 WINTERBERRY LANE</td></tr><tr><td>CITY-STATE-ZIP</td><td>DARIEN, IL 60561</td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-STATE-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-STATE-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-STATE-ZIP</td><td></td></tr></table> |                       |                                                                                   | TITLE | P | NAME | SULKOWSKI, JAMES L. | STREET ADDRESS | 1517 WINTERBERRY LANE | CITY-STATE-ZIP | DARIEN, IL 60561 | TITLE |  | NAME |  | STREET ADDRESS |  | CITY-STATE-ZIP |  | TITLE |  | NAME |  | STREET ADDRESS |  | CITY-STATE-ZIP |  | TITLE |  | NAME |  | STREET ADDRESS |  | CITY-STATE-ZIP |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | P                     |                                                                                   |       |   |      |                     |                |                       |                |                  |       |  |      |  |                |  |                |  |       |  |      |  |                |  |                |  |       |  |      |  |                |  |                |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | SULKOWSKI, JAMES L.   |                                                                                   |       |   |      |                     |                |                       |                |                  |       |  |      |  |                |  |                |  |       |  |      |  |                |  |                |  |       |  |      |  |                |  |                |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 1517 WINTERBERRY LANE |                                                                                   |       |   |      |                     |                |                       |                |                  |       |  |      |  |                |  |                |  |       |  |      |  |                |  |                |  |       |  |      |  |                |  |                |  |
| CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | DARIEN, IL 60561      |                                                                                   |       |   |      |                     |                |                       |                |                  |       |  |      |  |                |  |                |  |       |  |      |  |                |  |                |  |       |  |      |  |                |  |                |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       |                                                                                   |       |   |      |                     |                |                       |                |                  |       |  |      |  |                |  |                |  |       |  |      |  |                |  |                |  |       |  |      |  |                |  |                |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                       |                                                                                   |       |   |      |                     |                |                       |                |                  |       |  |      |  |                |  |                |  |       |  |      |  |                |  |                |  |       |  |      |  |                |  |                |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                       |                                                                                   |       |   |      |                     |                |                       |                |                  |       |  |      |  |                |  |                |  |       |  |      |  |                |  |                |  |       |  |      |  |                |  |                |  |
| CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                       |                                                                                   |       |   |      |                     |                |                       |                |                  |       |  |      |  |                |  |                |  |       |  |      |  |                |  |                |  |       |  |      |  |                |  |                |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       |                                                                                   |       |   |      |                     |                |                       |                |                  |       |  |      |  |                |  |                |  |       |  |      |  |                |  |                |  |       |  |      |  |                |  |                |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                       |                                                                                   |       |   |      |                     |                |                       |                |                  |       |  |      |  |                |  |                |  |       |  |      |  |                |  |                |  |       |  |      |  |                |  |                |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                       |                                                                                   |       |   |      |                     |                |                       |                |                  |       |  |      |  |                |  |                |  |       |  |      |  |                |  |                |  |       |  |      |  |                |  |                |  |
| CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                       |                                                                                   |       |   |      |                     |                |                       |                |                  |       |  |      |  |                |  |                |  |       |  |      |  |                |  |                |  |       |  |      |  |                |  |                |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       |                                                                                   |       |   |      |                     |                |                       |                |                  |       |  |      |  |                |  |                |  |       |  |      |  |                |  |                |  |       |  |      |  |                |  |                |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                       |                                                                                   |       |   |      |                     |                |                       |                |                  |       |  |      |  |                |  |                |  |       |  |      |  |                |  |                |  |       |  |      |  |                |  |                |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                       |                                                                                   |       |   |      |                     |                |                       |                |                  |       |  |      |  |                |  |                |  |       |  |      |  |                |  |                |  |       |  |      |  |                |  |                |  |
| CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                       |                                                                                   |       |   |      |                     |                |                       |                |                  |       |  |      |  |                |  |                |  |       |  |      |  |                |  |                |  |       |  |      |  |                |  |                |  |
| <b>DO NOT WRITE<br/>IN THIS SPACE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       |                                                                                   |       |   |      |                     |                |                       |                |                  |       |  |      |  |                |  |                |  |       |  |      |  |                |  |                |  |       |  |      |  |                |  |                |  |
| 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 606, Florida Statutes.                                                                                                                                                                                |                       |                                                                                   |       |   |      |                     |                |                       |                |                  |       |  |      |  |                |  |                |  |       |  |      |  |                |  |                |  |       |  |      |  |                |  |                |  |
| SIGNATURE: _____ 7/28/07<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                       |                                                                                   |       |   |      |                     |                |                       |                |                  |       |  |      |  |                |  |                |  |       |  |      |  |                |  |                |  |       |  |      |  |                |  |                |  |

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