

2008 LIMITED PARTNERSHIP ANNUAL REPORT.
Due By September 12, 2008


FILED

08 SEP -5 PM 2:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09022008 Chg-LP CR2E003 (12/06)

DOCUMENT # A07000001314					
1. Entity Name SHELL VACATIONS CLUB-FLORIDA, L.P.					
Principal Place of Business 40 SKOKIE BLVD. SUITE 350 NORTHBROOK, IL 60062			Mailing Address 40 SKOKIE BLVD. SUITE 350 NORTHBROOK, IL 60062		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 26-3005406	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$900.00 On or after September 12, 2008, Fee will be \$1000.00					
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 #	L07000113970		STREET ADDRESS		
NAME	SVC-FL HOLDINGS, LLC		CITY-ST-ZIP		
STREET ADDRESS	40 SKOKIE BLVD., SUITE 350		000135300270 09/03/08 01025 005 **1430.75		
CITY-ST-ZIP	NORTHBROOK, IL 60062				
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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: <i>Tracy L. Sherles</i> (Tracy L. Sherles, President)			Date: 9/2/2008		Daytime Phone #: 847-564-4600
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					

STAPLE CHECK HERE

of Shell Vacations LLC, Managing member of SVC FL Holdings, LLC,