


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

|  |  |   |
|--|--|---|
| <b>DOCUMENT # L07000113970</b>         |  |  |
| 1. Entity Name<br>SVC-FL HOLDINGS, LLC |  |   |

|   |   |
|---|---|
| Principal Place of Business<br>40 SKOKIE BLVD.<br>SUITE 350<br>NORTHBROOK, IL 60062 | Mailing Address<br>40 SKOKIE BLVD.<br>SUITE 350<br>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 |

|  |  |
|--|--|
| <b>6. Name and Address of Current Registered Agent</b>                   |  |
| CORPORATION SERVICE COMPANY<br>1201 HAYS STREET<br>TALLAHASSEE, FL 32301 |  |

**FILED**  
08 SEP -5 PM 1:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09022008 Chg-LLC CR2E083 (12/06)

|   |  |
|---|--|
| 4. FEI Number<br><b>26-3005314</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b> |  |

|  |          |
|--|----------|
| <b>7. Name and Address of New Registered Agent</b> |          |
| Name   |          |
| Street Address (P.O. Box Number is Not Acceptable) |          |
| City   |          |
| <b>FL</b>  | 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|  |  |
|--|--|
| <b>FILE NOW!!! FEE IS \$538.75<br/>Due by September 12, 2008</b> | <b>Make check payable to<br/>Florida Department of State</b> |
|--|--|

| 9. MANAGING MEMBERS/MANAGERS                   |                                 | 10. ADDITIONS/CHANGES                          |   |
|--|---------------------------------|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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** Tracy L. Sherles (Tracy L. Sherles, President) **9/2/2008** **847-564-4600**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

of Shell Vacations LLC, managing member of SVC-FL Holdings, LLC)