

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # B03000000400 1. Entity Name STIC PARTNERS, L.P.				 <div style="position: absolute; top: 0; right: 0; text-align: right;"> FILED 2006 MAR -9 PM 2:19 SECRETARY OF STATE TALLAHASSEE, FLORIDA </div>	
Principal Place of Business FOUR COPLEY PLACE SUITE 4602 BOSTON, MA 02116 US		Mailing Address C/O RICHARD E. MICHAELS 130 E RANDOLPH ST., STE S3800 CHICAGO, IL 60601 US			
2. Principal Place of Business Four Copley Place Suite, Apt. #, etc. Suite 4403		3. Mailing Address c/o Richard E. Michaels Suite, Apt. #, etc. 130 E. Randolph St., Suite 3800		02022006 Chg-LP CR2E003 (11/05)	
City & State Boston, MA		City & State Chicago, IL		4. FEI Number 20-0424477	
Zip 02116	Country USA	Zip 60601	Country USA	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 32301-2525				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>	
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 \$500.00 After May 1, 2006, Fee will be \$900.00					
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 # NAME STREET ADDRESS CITY-ST-ZIP	M03000003962 GRE STIC LLC FOUR COPLEY PLACE, SUITE 4602 BOSTON, MA 02116			STREET ADDRESS CITY-ST-ZIP	Four Copley Place, Suite 4403 Boston, MA 02116
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP	000067466060
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP				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 GRE STIC LLC, its Gen. PTN, by Guggenheim PLUS Leveraged LLC, its MEMBER, by Guggenheim Trust Company LLC, its MGR, by Brian T. Sir, its MGR					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>				3/7/06 (312) 827-0100 <small>Date Daytime Phone #</small>	



CORPORATION SERVICE COMPANY

1303000000400

ACCOUNT NO. : 072100000032

REFERENCE : 905755 4329943

AUTHORIZATION : *[Signature]*

COST LIMIT : \$ 500.00

ORDER DATE : March 7, 2006

ORDER TIME : 9:26 AM

ORDER NO. : 905755-020

CUSTOMER NO: 4329943

[Signature]

FILED
2006 MAR -9 PM 2:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: STIC PARTNERS, L.P.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward - Ext. 2935

EXAMINER'S INITIALS: _____

RECEIVED
06 MAR -9 AM 10:41
DIVISION OF CORPORATION