

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # B05000000341

1. Entity Name
GRE ALTAMONTE LP



Principal Place of Business
**FOUR COPLEY PLACE SUITE 4602
 BOSTON, MA 02116**

Mailing Address
**FOUR COPLEY PLACE SUITE 4602
 BOSTON, MA 02116**

2. Principal Place of Business
Four Copley Place

3. Mailing Address
c/o Richard E. Michaels

Suite, Apt. #, etc.
Suite 4403

Suite, Apt. #, etc.
130 E. Randolph St., S-3800

City & State
Boston, MA

City & State
Chicago, IL

Zip
02116

Country
USA

Zip
60601

Country
USA

02022006 Chg-LP CR2E003 (11/05)

4. FEI Number

Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525**

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

**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 # **M05000004050**
 NAME **GRE ALTAMONTE GP LLC**
 STREET ADDRESS **FOUR COPLEY PLACE SUITE 4602**
 CITY-ST-ZIP **BOSTON, MA 02116**

STREET ADDRESS **Four Copley Place, Suite 4403**
 CITY-ST-ZIP **Boston, MA 02116**

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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.
GRE Altamonte GP LLC, YES GP, by Guggenheim PLUS Leveraged LLC, its MBR, by Guggenheim Trust Company LLC, its MGR, by Brian T. Sir, its MGR

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/7/06

(312) 827-0100

Date

Daytime Phone #

FILED
 2006 MAR -9 PH 3:14
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA





CORPORATION SERVICE COMPANY

305000000341

ACCOUNT NO. : 072100000032

REFERENCE : 905755 4329943

AUTHORIZATION

COST LIMIT : \$ 500.00

ORDER DATE : March 7, 2006

ORDER TIME : 9:29 AM

ORDER NO. : 905755-005

CUSTOMER NO: 4329943

ANNUAL REPORT FILING

NAME: GRE ALTAMONTE LP

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: _____

FILED
2006 MAR -9 PM 3:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
RECEIVED
06 MAR -9 AM 10:41
DIVISION OF CORPORATION