

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**

08 APR 16 PM 2:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # B05000000341

1. Entity Name  
GRE ALTAMONTE LP



Principal Place of Business  
FOUR COPLEY PLACE, SUITE 4403  
BOSTON, MA 02116 US

Mailing Address  
C/O RICHARD E. MICHAELS  
130 E. RANDOLPH STREET, SUITE 3800  
CHICAGO, IL 60601 US



03252008 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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, 2008, 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**

DOCUMENT # M05000004050  
NAME GRE ALTAMONTE GP LLC  
STREET ADDRESS FOUR COPLEY PLACE, SUITE 4403  
CITY-ST-ZIP BOSTON, MA 02116

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

*BR*

700123744127

**DO NOT WRITE  
IN THIS SPACE**

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, its General Partner, by GUGGENHEIM PLUS LEVERAGED LLC, its MBR, by GUGGENHEIM TRUST COMPANY LLC, its MGR,  
by BRIAN T. SIR, its Manager

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/7/08

Date

(312) 827-0100

Daytime Phone #

STAPLE CHECK HERE



CORPORATION SERVICE COMPANY

B0500000034

RECEIVED

08 APR 16 PM 12:48

ACCOUNT NO. : 072100000032

REFERENCE : 529579

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA  
4329943

AUTHORIZATION

*[Signature]*

COST LIMIT : \$500.00

ORDER DATE : April 15, 2008

ORDER TIME : 10:59 AM

ORDER NO. : 529579-005

CUSTOMER NO: 4329943

FILED  
08 APR 16 PM 2:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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: Troy Todd - Ext. 2940

EXAMINER'S INITIALS:

*BK*