

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M02000001698 1. Entity Name GUGGENHEIM INVESTMENT ADVISORS, LLC					
Principal Place of Business 227 WEST MONROE ST., STE. 2900 C/O CHRIS ANTONOW CHICAGO, IL 60606			Mailing Address 227 WEST MONROE ST., STE. 2900 C/O CHRIS ANTONOW CHICAGO, IL 60606		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LEXISNEXIS DOCUMENT SOLUTIONS INC. 1201 HAYS STREET TALLAHASSEE, FL 32301 <div style="text-align: center; font-size: 2em; margin-top: 20px;"> </div>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right; font-weight: bold; font-size: 1.2em;">FL</div> 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. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to: Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MIDLAND ADVISORS COMPANY 200 EAST 10TH STREET SIOUX FALLS, SD 57104 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-size: 1.5em; font-weight: bold;">600029945016</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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 exemption stated in Section 119.07(3)(i), 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.					
Midland Advisors Company, Its Member, by Brian T. Sir, Secretary SIGNATURE: 					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<small>Date</small> 1/26/04 <small>Daytime Phone #</small>	

04 MAR -5 PM 4: 58
 FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



01072004 Chg-LLC CR2E083 (10/03)

4. FEI Number
NOT APPLICABLE

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**



CORPORATION SERVICE COMPANY™

M02000001698

ACCOUNT NO. : 072100000032

REFERENCE : 475409. 4329943

AUTHORIZATION :

COST LIMIT : \$ 50.00

ORDER DATE : March 4, 2004

ORDER TIME : 9:44 AM

ORDER NO. : 475409-010

CUSTOMER NO: 4329943

CUSTOMER: Ms. Bonnie Glass
Schuyler Roche & Zwirner
130 East Randolph Street
One Prudential Plaza, #3800
Chicago, IL 60601

ANNUAL REPORT FILING

NAME: GUGGENHEIM INVESTMENT
ADVISORS, LLC

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

EXAMINER'S INITIALS: _____

FILED
04 MAR -5 PM 4:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 MAR -5 AM 10:43

RECEIVED