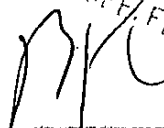


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M02000001698																
1. Entity Name GUGGENHEIM INVESTMENT ADVISORS, LLC																
Principal Place of Business 1111 BRICKELL AVENUE 28TH FLOOR MIAMI, FL 33131 US	Mailing Address C/O RICHARD E. MICHAELS 130 E RANDOLPH ST., STE 3800 CHICAGO, IL 60601 US	FILED 07 FEB 22 PM 4:03 SECRETARY OF STATE TALLAHASSEE, FLORIDA  														
DO NOT WRITE IN THIS SPACE																
6. Name and Address of Current Registered Agent LEXISNEXIS DOCUMENT SOLUTIONS INC. 1201 HAYES STREET TALLAHASSEE, FL 32301																
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 _____ Signature, report to printed name of registered agent and title if applicable. (NOTE: Registered Agent signatures required when relevant.)																
Filing Fee is \$50.00 Due by May 1, 2007 300090085973 03/02/07--01049--008 **50.00																
B. MANAGING MEMBERS/MANAGERS <table border="1"> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td>MGRM GUGGENHEIM MANAGER, INC. 227 WEST MONROE STREET, SUITE 4800 CHICAGO, IL 60608</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> </tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GUGGENHEIM MANAGER, INC. 227 WEST MONROE STREET, SUITE 4800 CHICAGO, IL 60608	TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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. Guggenheim Manager, Inc. its Managing Member by Christopher Antonow, its Assistant Secretary SIGNATURE: _____ (312) 977-1869 PRINTABLE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #																