


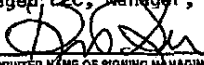
1 of 2

### 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2004 JUN 11 PM 3:43

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

|   |   |   |   |
|---|---|---|---|
| DOCUMENT # M03000002800   |   |  |   |
| 1. Entity Name<br>GRE DANIELS CROSSING, LLC   |   |   |   |
| Principal Place of Business<br>227 WEST MONROE STREET, SUITE 2900<br>CHICAGO, IL 60606  |   | Mailing Address<br>227 WEST MONROE STREET, SUITE 2900<br>CHICAGO, IL 60606        |   |
| 2. Principal Place of Business  |   | 3. Mailing Address c/o Chris Antonow<br>227 West Monroe Street                    |   |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc. Suite 2900  |   |
| City & State  |   | City & State Chicago, IL  |   |
| Zip   |   | Zip 60606   |   |
| Country   |   | Country USA   |   |
| 4. FEI Number<br>20-0158812   |   | Applied For<br><input type="checkbox"/> Not Applicable                            |   |
| 5. Certificate of Status Desired <input type="checkbox"/>   |   | \$5.00 Additional Fee Required  |   |
| 6. Name and Address of Current Registered Agent   |   | 7. Name and Address of New Registered Agent                                       |   |
| LEXISNEXIS DOCUMENT SOLUTIONS INC.<br>1201 HAYS STREET<br>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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____   |   |   |   |
| Filing Fee is \$50.00<br>Due by September 8, 2004   |   | Make check payable to<br>Florida Department of State                              |   |
| 9. MANAGING MEMBERS/MANAGERS  |   | 10. ADDITIONS/CHANGES   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGRM<br>GUGGENHEIM PLUS LEVERAGED LLC <input type="checkbox"/> Delete<br>48 MOUNT VERNON STREET, SUITE 2000<br>WINCHESTER, MA 01890 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | Manager<br>Guggenheim Plus Leveraged LLC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>4 Copley Place, Suite 4602<br>Boston, MA 02116 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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)(f), 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.<br>Guggenheim Plus Leveraged LLC, Manager, by Guggenheim Trust Company LLC, its Manager, by Brian T. Sir, its Manager |   |   |   |
| SIGNATURE:   |   | 6-9-04 312-977-4560   |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   |   | Date Daytime Phone #  |   |



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CORPORATION SERVICE COMPANY

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ACCOUNT NO. : 072100000032  
 REFERENCE : 738186 4329943  
 AUTHORIZATION : *Patricia Pizuto*  
 COST LIMIT : \$ 50.00

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

ORDER DATE : June 10, 2004  
 ORDER TIME : 1:35 PM  
 ORDER NO. : 738186-005  
 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: GRE DANIELS CROSSING, LLC

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea - Ext. 2914

EXAMINER'S INITIALS: \_\_\_\_\_

RECEIVED  
 04 JUN 11 PM 3:04  
 DEPARTMENT OF STATE  
 DIVISION OF CORPORATIONS  
 TALLAHASSEE, FLORIDA