

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000002800

FILED
May 03, 2005
Secretary of State

Entity Name: GRE DANIELS CROSSING, LLC

Current Principal Place of Business:

227 WEST MONROE STREET, SUITE 2900
CHICAGO, IL 60606

New Principal Place of Business:

FOUR COPLEY PLACE
SUITE 4602
BOSTON, MA 02116 US

Current Mailing Address:

227 WEST MONROE STREET, SUITE 2900
CHICAGO, IL 60606

New Mailing Address:

C/O RICHARD E. MICHAELS
130 E RANDOLPH ST., STE 3800
CHICAGO, IL 60601 US

FEI Number: 20-0158812 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

LEXISNEXIS DOCUMENT SOLUTIONS INC.
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: GUGGENHEIM PLUS LEVE, RAGED LLC
Address: 4 COPLEY PLACE, STE. 4602
City-St-Zip: BOSTON, MA 02116

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GUGGENHEIM PLUS LEVE, RAGED LLC
Address: FOUR COPLEY PLACE, STE 4602
City-St-Zip: BOSTON, MA 02116

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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.

SIGNATURE: BRIAN T. SIR

MGR

05/03/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date