
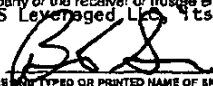


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2006 MAY -5 PM 1:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA




DOCUMENT # M03000002800				
1. Entity Name GRE DANIELS CROSSING, LLC				
Principal Place of Business FOUR COPLEY PLACE SUITE 4602 BOSTON, MA 02116 US		Mailing Address C/O RICHARD E. MICHAELS 130 E RANDOLPH ST., STE 3800 CHICAGO, IL 60601 US		
2. Principal Place of Business Four Copley Place		3. Mailing Address c/o Richard E. Michaels		
Suite, Apt. #, etc. Suite 4403		Suite, Apt. #, etc. 130 E. Randolph St., Suite 3800		
City & State Boston, MA		City & State Chicago, IL		
Zip 02116	Country USA	Zip 60601	Country USA	4. FEI Number 20-0158812
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable
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 32301-2525				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)</small>				
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GUGGENHEIM PLUS LEVERAGED LLC FOUR COPLEY PLACE, STE 4602 BOSTON, MA 02116	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Guggenheim PLUS Leveraged LLC Four Copley Place, Suite 4403 Boston, MA 02116
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 PLUS Leveraged LLC, its Member, by Guggenheim Trust Company LLC, its Manager, by Brian T. Sir, its Manager				
SIGNATURE: 				05/4/06 (312)-827-0100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #



CORPORATION SERVICE COMPANY

M03000002800

ACCOUNT NO. : 072100000032

REFERENCE : 085928 4329943

AUTHORIZATION

[Handwritten signature]

COST LIMIT : \$ 50.00

ORDER DATE : May 4, 2006

ORDER TIME : 8:24 AM

ORDER NO. : 085928-005

CUSTOMER NO: 4329943

[Handwritten initials]

2006 MAY -5 PM 1:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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: Matthew Young - Ext. 2962

EXAMINER'S INITIALS: _____

06 MAY -5 AM 9:01
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

RECEIVED