


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M03000002800

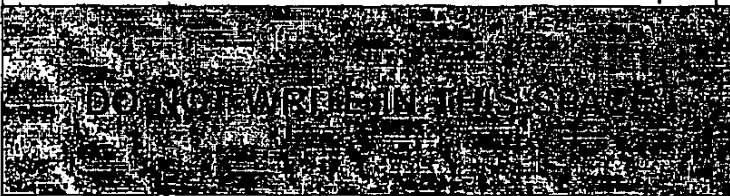
1. Entity Name
GRE DANIELS CROSSING, LLC



Principal Place of Business
FOUR COPLEY PLACE, SUITE 4403
BOSTON, MA 02116 US

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

FILED
07 FEB 22 PM 4:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02052007 No Chg-LLC CR2E083 (1/1/05)

4. FEI Number
20-0168812 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

LEXISNEXIS DOCUMENT SOLUTIONS INC.
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525



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, brand or print name of registered agent and title if applicable (P.O.T.F.: Registered Agent Signature required when submitting)

Filing Fee is \$50.00 Due by May 1, 2007

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03/02/07--01049--015 **50.00

D. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GUGGENHEIM PLUS LEVERAGED LLC FOUR COPLEY PLACE, SUITE 4403 BOSTON, MA 02116
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	



11. I hereby certify that the information supplied with this filing does not qualify for the exemption 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: Brian T. Sir 2/22/07 (312) 827-0100
SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #