## **2008 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 CHICAGO, IL 60601





03252008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-0158812

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



DONOTEVRITE IN THE RESIDENCE

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\_Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

## FILE NOW!!! FEE IS \$138,75 After May 1, 2008 Fee will be \$538.75

200123593502

9. MANAGING MEMBERS/MANAGERS			jin n
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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE	
NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-SI-ZIP			
TITLE NAME STREET ADDRESS CITY-SI-ZIP			
		comparisons contained in Chapter 119. Florida Statutes, I butter carlify that the information	<u> </u>

nersety coray hat the information supplied with this flow of 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 cath; 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-kCD, its Member, by Guggenheim Trust Company, LLC, its Manager, by Brian T. Sir, its Manager (312) 827-0100

SIGNATURE:

SIGNATURE AND HIPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

7/08 Date

Daytime Phone 6



ACCOUNT NO. :

072100000032

REFERENCE

4329943

AUTHORIZATION

COST LIMIT

ORDER DATE: April 15, 2008

ORDER TIME : 3:52 PM

ORDER NO. : 529623-005

CUSTOMER NO:

4329943

ANNUAL REPORT FILING

NAME: GRE DANIELS CROSSING, LLC

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_ CERTIFIED COPY \_\_ PLAIN STAMPED COPY

\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd - Ext. 2940

EXAMINER'S INITIALS: