

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
08 APR 15 AM 9:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M04000003881

1. Entity Name
GRE CORALWOOD GP LLC



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

Mailing Address
C/O RICHARD E. MICHAELS
130 E. RANDOLPH STREET, SUITE 3800
CHICAGO, IL 60601



03252008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

[Signature]

**DO NOT WRITE
IN THIS SPACE**

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)

DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

300123583343

**DO NOT WRITE
IN THIS SPACE**

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: *[Signature]*

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

4/11/08

Date

(312) 827-0100

Daytime Phone #



CORPORATION SERVICE COMPANY

MO4W0003881

ACCOUNT NO. : 072100000032

REFERENCE : 529677 4329943

AUTHORIZATION :

COST LIMIT : \$138.75

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08 APR 15 AM 9:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : April 15, 2008

ORDER TIME : 3:54 PM

ORDER NO. : 529677-005

CUSTOMER NO: 4329943

ANNUAL REPORT FILING

RECEIVED
08 APR 15 PM 4:16
DEPARTMENT OF REVENUE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

NAME: GRE CORALWOOD GP LLC

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd - Ext. 2940

EXAMINER'S INITIALS:

BT