


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**

2006 MAY -5 AM 9:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA 32301-2525  
7000 FLORIDA 74587

DOCUMENT # M05000001664			
1. Entity Name GRE INTERNATIONAL PLACE TWO GP LLC			
Principal Place of Business FOUR COPLEY PLACE, SUITE 4602 BOSTON, MA 02116		Mailing Address FOUR COPLEY PLACE, SUITE 4602 BOSTON, MA 02116	
2. Principal Place of Business Four Copley Place Suite, Apt. #, etc. Suite 4403 City & State Boston, MA Zip 02116		3. Mailing Address c/o Richard E. Michaels Suite, Apt. #, etc. 130 E. Randolph St., Suite 3800 City & State Chicago, IL Zip 60601	
		4. FEI Number 04282006 Chg-LLC CR2E083 (11/05) APPLIED FOR <input checked="" type="checkbox"/> Applied For Not Applicable <input type="checkbox"/>	
		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		7. Name and Address of New Registered Agent 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 fee if applicable. (NOTE: Registered Agent signature required when replacing)</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	MGRM GUGGENHEIM PLUS LEVERAGED LLC FOUR COPLEY PLACE, SUITE 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: <u>Brian T. Sir</u> 05/4/06 (312) 827-0100 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>			



CORPORATION SERVICE COMPANY

105000001664

ACCOUNT NO. : 072100000032

REFERENCE : 085871 4329943

AUTHORIZATION :

*[Signature]*

COST LIMIT : \$ 50.00

ORDER DATE : May 4, 2006

ORDER TIME : 11:07 AM

ORDER NO. : 085871-005

CUSTOMER NO: 4329943

*BK*

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2006 MAY -5 AM 9:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: GRE INTERNATIONAL PLACE TWO GP  
LLC

RECEIVED  
06 MAY -5 PM 1:29  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea - Ext. 2914

EXAMINER'S INITIALS: \_\_\_\_\_