


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
2006 MAR -8 PM 1:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M05000004050	
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Principal Place of Business FOUR COPLEY PLACE, SUITE 4602 BOSTON, MA 02116	Mailing Address FOUR COPLEY PLACE, SUITE 4602 BOSTON, MA 02116
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2. Principal Place of Business Four Copley Place Suite, Apt. #, etc. Suite 4403 City & State Boston, MA Zip 02116	Country USA	3. Mailing Address c/o Richard E. Michaels Suite, Apt. #, etc. 130 E. Randolph St., S-3800 City & State Chicago, IL Zip 60601	Country USA
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02022006 Chg-LLC CR2E083 (11/05)

4. FEI Number APPLIED FOR	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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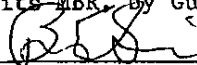
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2008	Make check payable to Florida Department of State
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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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Four Copley Place, Suite 4403 Boston, MA 02116
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 600067380786
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
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

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 MGR, by Guggenheim Trust Company LLC, its Manager,
by Brian T. Sir, its Manager
SIGNATURE:  3/6/06 312-565-2400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #



CORPORATION SERVICE COMPANY

M05000004050

ACCOUNT NO. : 072100000032

REFERENCE : 905168 4329943

AUTHORIZATION :

COST LIMIT : \$ 50.00

ORDER DATE : March 7, 2006

ORDER TIME : 4:50 PM

ORDER NO. : 905168-010

CUSTOMER NO: 4329943

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PK

ANNUAL REPORT FILING

NAME: GRE ALTAMONTE GP LLC

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Denise Mick - Ext. 2950

EXAMINER'S INITIALS: _____

RECEIVED
06 MAR -8 AM 8:54
CLERK OF THE COURT
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA