

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # M05000004962		
1. Entity Name GRE FIRST FORT LAUDERDALE GP LLC		

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



Principal Place of Business FOUR COBLEY PLACE, SUITE 4602 BOSTON, MA 02116	Mailing Address FOUR COBLEY PLACE, SUITE 4602 BOSTON, MA 02116
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2. Principal Place of Business Four Copley Place	3. Mailing Address c/o Richard E. Michaels		
Suite, Apt. #, etc. Suite 4403	Suite, Apt. #, etc. 130 E. Randolph St., S-3800		
City & State Boston, MA	City & State Chicago, IL		
Zip 02116	Country USA	Zip 60601	Country USA
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required <input checked="" type="checkbox"/> Not Applicable			

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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<small>(NOTE: Registered Agent signature required when reinstating)</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 COBLEY PLACE, SUITE 4602 BOSTON, MA 02116	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	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	1000067380731	<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
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: 

3/6/06

312-565-2400

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

Date

Daytime Phone #

CSC.
CORPORATION SERVICE COMPANY

M05000004962

ACCOUNT NO. : 072100000032

REFERENCE : 905168 4329943

AUTHORIZATION :

COST LIMIT : *Spencer* \$ 50.00

ORDER DATE : March 7, 2006

ORDER TIME : 4:51 PM

ORDER NO. : 905168-020

CUSTOMER NO: 4329943

AK

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

FILED

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06 MAR -8 AM 8:53

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

NAME: GRE FIRST FORT LAUDERDALE 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: _____