

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

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

| | | | | | |
|--|---|---|--|--|--|
| DOCUMENT # M05000004962 1. Entity Name GRE FIRST FORT LAUDERDALE 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 | | 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 | | Zip 60601 | | | |
| Country USA | | Country USA | | 02022006 Chg-LLC CR2E083 (11/05) | |
| 4. FEI Number APPLIED FOR | | | | <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (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 COPLEY PLACE, SUITE 4602 BOSTON, MA 02116 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 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 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 100067380731 | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 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 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small> | | | | | |



CORPORATION SERVICE COMPANY

M05000004962

ACCOUNT NO. : 072100000032

REFERENCE : 905168 4329943

AUTHORIZATION :

COST LIMIT : \$ 50.00

ORDER DATE : March 7, 2006

ORDER TIME : 4:51 PM

ORDER NO. : 905168-020

CUSTOMER NO: 4329943

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

ANNUAL REPORT FILING

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: _____

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DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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