


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # M05000004962 1. Entity Name GRE FIRST FORT LAUDERDALE GP LLC	
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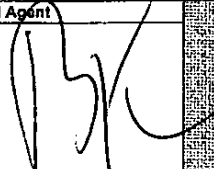
Principal Place of Business FOUR COPLEY PLACE, SUITE 4403 BOSTON, MA 02116	Mailing Address C/O RICHARD E. MICHAELS 130 E. RANDOLPH STREET, S-3800 CHICAGO, IL 60601
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03252008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <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	
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**DO NOT WRITE
IN THIS SPACE**

B. 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 _____

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

500123593575

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	

**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:  4/11/08 (312) 827-0100

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

Date

Daytime Phone #



CORPORATION SERVICE COMPANY

M05000004962

ACCOUNT NO. : 072100000032

REFERENCE : 529664 4329943

AUTHORIZATION

COST LIMIT : \$138.75

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TALLAHASSEE, FLORIDA

ORDER DATE : April 15, 2008

ORDER TIME : 3:53 PM

ORDER NO. : 529664-005

CUSTOMER NO: 4329943

ANNUAL REPORT FILING

NAME: GRE FIRST FORT LAUDERDALE GP
LLC

RECEIVED
08 APR 15 PM 4:16
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: Troy Todd - Ext. 2940

EXAMINER'S INITIALS:

BK