


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90067 035 ***150.00

DOCUMENT # F05000003231 1. Entity Name RREEF AMERICA REIT II CORP. YYY					
Principal Place of Business 875 N MICHIGAN AVE. 41ST FLOOR C/O RREEF CHICAGO, IL 60611-1901			Mailing Address 875 N MICHIGAN AVE. 41ST FLOOR C/O RREEF CHICAGO, IL 60611-1901		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number XXXXXXXX 75-3192666	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				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's signature required when registering.) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD3 GONZALEZ, TIMOTHY K 875 N MICHIGAN AVE. 41ST FLOOR CHICAGO, IL 606111901	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BREUNER, DAVID T 101 CALIFORNIA STREET 26TH FLOOR SAN FRANCISCO, CA 941115853	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T CASELLINI, MARLENA M 101 CALIFORNIA STREET 26TH FLOOR SAN FRANCISCO, CA 941115853	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V COOK, ROBERT J 875 N MICHIGAN AVE. 41ST FLOOR CHICAGO, IL 606111901	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V ELLSWORTH, TIMOTHY E 875 N MICHIGAN AVE. 41ST FLOOR CHICAGO, IL 606111901	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AVPS MCCLINTOCK, SUSAN E 875 N. MICHIGAN AVE., 41ST FLOOR CHICAGO, IL 606111901	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	President/Director Gonzalez, Timothy K. 101 California St. 26th Flr. San Francisco, CA 94111-5853	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP & Secretary McClintock, Susan E. 875 N. Michigan Ave., 41st Flr. Chicago, IL 60611-1901	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 as changed, or on an attachment with an address, with all other like empowered					
SIGNATURE: <u>Susan E. McClintock</u> Susan E. McClintock, VP & Secretary 1/24/2007 312-266-9300 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					