

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 31, 2008 8:00 am
Secretary of State

01-31-2008 90068 023 ***138.75

DOCUMENT # M07000003498

1. Entity Name
DB RREEF ORANGE STREET - FL, LLC



Principal Place of Business

875 NORTH MICHIGAN AVENUE, 41ST FLOOR
CHICAGO, IL 60611

Mailing Address

875 NORTH MICHIGAN AVENUE, 41ST FLOOR
CHICAGO, IL 60611

00005204



DO NOT WRITE IN THIS SPACE

01032008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number
26-0323920

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	RREEF AMERICAN L.L.C.
STREET ADDRESS	875 NORTH MICHIGAN AVENUE, 41ST FLOOR
CITY- ST- ZIP	CHICAGO, IL 60611

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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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.

SIGNATURE: **SUSAN E. MCCLINTOCK, VP & SEC. 01/04/08, 312/266-9300**

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

Date

Daytime Phone #