ANNUAL REPORT

Feb 07, 2006 8:00 am Secretary of State 02-07-2006 90028 005 ***150.00 **2006 FOR PROFIT CORPORATION**

Date

Daytime Phone #

FILED

1. Entity Nam	16	# FUUUUUUUO REIT II CORP. S			02-07-2000	0 90028 (003 ***12	0.00			
Principal Place of Business 875 NORTH MICHIGAN AVE. STE 4100 CHICAGO, IL 60611-1901			Mailing Address 875 NORTH MICHIGAN AVE. STE 4100 CHICAGO, IL 60611-1901					ili) 63 fil 63 li 3 6 fi	## ###### ##### # ## ##################	1881: N 1 58 1	
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01102006	Chg-P	CR2E0	34 (11/05)		
City & State			City & State				4. FEI Number Applied For 36-4405555 Not Applie				
Zip	Country		Zip			<u> </u>	of Status Desired		\$8.75 Add Fee Required		
	6. Name	and Address of Current	Registered Agent		7. Name and Address of New Registered Agent Name						
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324					Street Address (P.O. Box Number is Not Acceptable)						
								FL	Zip Code	э	
	tions of regis	ty submits this statement for tered agent.				istered agent, or bo	th, in the State of F	lorida. I am I	amiliar with,	and accept	
	Signature, typed	or printed name of registered agent	ало вре п аррисаоте.	(NOTE: negistere	o võeut siõusima tad	dates witch (Sustanië)	· · · · · · · · · · · · · · · · · · ·	DATE		 -	
FIL After Ma	E NOW!!! ay 1, 200	FEE IS \$150.00 6 Fee will be \$550.0		Campaign Final and Contribution.		\$5.00 May Be Added to Fees					
10. OFFICERS AND I			DIRECTORS	11.		ADDITIONS,	CHANGES TO OF	FICERS AND	DIRECTORS	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					1	875 N. Mic	Gonzalez, Timothy K. – PD 875 N. Michigan Ave 41st Flr. Chicago, IL 606111901				
TITLE NAME STREET ADDRESS CITY-ST-ZIP						Melkus, Pa 875 N. Mic	Melkus, Paul A. – VP 875 N. Michigan Ave, 41 st Fir. Chicago, IL 606111901				
TITLE NAME STREET_ACORESS CITY-ST-ZIP					1	Steppe, Ste 101 Califor	Steppe, Stephen M. – VP ☐ Change ☑ Addition 101 California Street, 26 th Floor San Francisco, CA 94111				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	875 N. M	L, PAULA S ICHIGAN AVE 41ST FU D, IL 606111901	⊠ Del	NAA Stri					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MCCLINTOCK, SUSAN E 875 N. MICHIGAN AVE 41ST FL		NAM STR		875 N. Mie	McClintock, Susan E. – AVP & S ¹ 875 N. Michigan Ave, 41 st Flr. Chicago, IL 606111901					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	101 CALI SAN FRA	NI, MARLENA M IFORNIA ST 26TH FL NCISCO, CA 9411158		NAA Str City	IE EET ADORESS (-ST-ZIP				☐ Change	Addition	
12. I hereby of indicated of the cor	certify that th I on this repo rporation or t	ne information supplied with ort or supplemental report is the receiver or trustee emp	n this filing does not on the strue and accurate a cowered to execute the structure of the	qualify for the ex and that my signa is report as requ	emptions conta ture shall have ired by Chapter	ined in Chapter 11 the same legal effe 607, Florida Statut	 Florida Statutes. as if made under es; and that my nar 	I further centre oath; that I ame appears i	tify that the in arn an officer n Block 10 o	nformation or director r Block 11 if	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR