



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 #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number APPLICABLE 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			7. Name and Address of New Registered Agent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			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 reg. stated 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	PD3	<input type="checkbox"/> Delete	TITLE	President/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ, TIMOTHY K		NAME	Gonzalez, Timothy K.	
STREET ADDRESS	875 N MICHIGAN AVE. 41ST FLOOR		STREET ADDRESS	101 California St. 26th Flr.	
CITY-ST-ZIP	CHICAGO, IL 606111901		CITY-ST-ZIP	San Francisco, CA 94111-5853	
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BREUNER, DAVID T		NAME		
STREET ADDRESS	101 CALIFORNIA STREET 26TH FLOOR		STREET ADDRESS		
CITY-ST-ZIP	SAN FRANCISCO, CA 941115853		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASELLINI, MARLENA M		NAME		
STREET ADDRESS	101 CALIFORNIA STREET 26TH FLOOR		STREET ADDRESS		
CITY-ST-ZIP	SAN FRANCISCO, CA 941115853		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOK, ROBERT J		NAME		
STREET ADDRESS	875 N MICHIGAN AVE. 41ST FLOOR		STREET ADDRESS		
CITY-ST-ZIP	CHICAGO, IL 606111901		CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLSWORTH, TIMOTHY E		NAME		
STREET ADDRESS	875 N MICHIGAN AVE. 41ST FLOOR		STREET ADDRESS		
CITY-ST-ZIP	CHICAGO, IL 606111901		CITY-ST-ZIP		
TITLE	AVPS	<input type="checkbox"/> Delete	TITLE	VP & Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCLINTOCK, SUSAN E		NAME	McClintock, Susan E.	
STREET ADDRESS	875 N. MICHIGAN AVE., 41ST FLOOR		STREET ADDRESS	875 N. Michigan Ave., 41st Flr.	
CITY-ST-ZIP	CHICAGO, IL 606111901		CITY-ST-ZIP	Chicago, IL 60611-1901	
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 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			Susan E. McClintock, VP & Secretary 1/24/2007 312-266-9300		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #