


2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-26-2007 90067 029 ***150.00

DOCUMENT # F06000004951		
1. Entity Name RREEF AMERICA REIT II CORP. ZZZZ		

Principal Place of Business 875 NORTH MICHIGAN AVE 41ST FLOOR CHICAGO, IL 60611-1901	Mailing Address 875 NORTH MICHIGAN AVE 41ST FLOOR CHICAGO, IL 60611-1901
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country



01222007 Chg-P CR2E034 (12/06)

4. FEI Number 20-5256099	Applied For Not Applied
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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
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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 fee if applicable

(NOTE: Registered Agent Fee is \$150.00 per year.)

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IF...	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DP GONZALEZ, TIMOTHY K 101 CALIFORNIA STREET 26TH FLOOR SAN FRANCISCO, CA 941115853 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D ANGELO, BERNARD J 445 BROAD HOLLOW ROAD SUITE 239 MELVILLE, NY 11747 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP BLAISING, ANGELA C 875 NORTH MICHIGAN AVE 41ST FLOOR CHICAGO, IL 606111901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP BREUNER, DAVID T 101 CALIFORNIA STREET 26TH FLOOR SAN FRANCISCO, CA 941115853 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP DAVEY, CRAIG S 101 CALIFORNIA STREET 26TH FLOOR SAN FRANCISCO, CA 941115853 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
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	<input type="checkbox"/> Change <input type="checkbox"/> Add

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 a duly authorized officer 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 on the report, unchanged, or on an attachment with an address, with all other like empowered.

SIGNATURE:  Susan E. McClintock, VP & Sec. 1/24/2007 312-266-9300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR