


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

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

02-26-2007 90067 039 \*\*\*150.00

**DOCUMENT # F06000007762**

1. Entity Name  
**RREEF AMERICA REIT III CORP.NN**



Principal Place of Business  
**875 N MICHIGAN AVENUE, 41ST FLOOR  
 CHICAGO, IL 60611-1901**

Mailing Address  
**875 N MICHIGAN AVENUE, 41ST FLOOR  
 CHICAGO, IL 60611-1901**

**40024500**



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country

01252007 Chg-P CR2E034 (12/06)

4. FEI Number  
**20-8044251**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$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 understand 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 \$150.00 After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$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	AVPS MCCLINTOCK, SUSAN E 875 N MICHIGAN AVENUE, 41ST FLOOR CHICAGO, IL 606111901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP STEPPE, STEPHEN 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"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STURIALE, DOUGLAS D 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"/> Addition
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"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP BLAISING, ANGELA C 875 N MICHIGAN AVENUE, 41ST FLOOR CHICAGO, IL 606111901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP CHRISTIAN, BENJAMIN B 101 CALIFORNIA ST, 26TH FLOOR SAN FRANCISCO, CA 941111901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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. I am the 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 in the Florida Business Register, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Susan E. McClintock* Susan E. McClintock, Asst. VP & Sec. 1/25/2007 312-266-9300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #