

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 20, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # L00000011698

1. Entity Name  
 RREEF-BEACON CENTRE ALLIANCE, LLC



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

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



02232006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 94-3330141

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 \_\_\_\_\_

**Filing Fee is \$50.00  
 Due by May 1, 2006**

U00000475186  
 04/05/06-80005-016 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	RREEF AMERICA REIT II CORP. MMMM2 FLORIDA
STREET ADDRESS	875 NORTH MICHIGAN AVENUE, 41ST FLOOR
CITY-ST-ZIP	CHICAGO, IL 606111901

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*  
 Susan E. McClintock, Asst. VP & Secretary

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

Date

Daytime Phone #