

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

000000475186
 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	
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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 #