

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 26, 2007 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



01232007 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and date if applicable

**Filing Fee is \$50.00  
Due by May 1, 2007**

U000000648937  
03/07/07-60005-022 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	
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CITY- ST- ZIP	

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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, VP & Sec. 1/24/2007 312-266-9300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Dying Photo