


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 31, 2008 8:00 am
Secretary of State

01-31-2008 90068 025 ***138.75

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	

60005202



01032008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 94-3330141	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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
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**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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM RREEF AMERICA REIT II CORP. MMMM2 FLORIDA 875 NORTH MICHIGAN AVENUE, 41ST FLOOR CHICAGO, IL 606111901
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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, VP & SEC., 01/04/08, 312/266-9300**

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

Date

Daytime Phone #