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#### 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

### DOCUMENT # M06000002216

1. Entity Name

CALWEST INDUSTRIAL PROPERTIES, LLC



FILED Feb 05, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

101 CALIFORNIA STREET 26TH FL SAN FRANCISCO, CA 94111-5853 101 CALIFORNIA STREET 26TH FL SAN FRANCISCO, CA 94111-5853



01222007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 94-3295774

Applied For

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

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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 accer
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)

DATI

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

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY ST-ZIP	MGR RREEF AMERICA L.L.C. 875 N MICHIGAN AVENUE 41ST FL CHICAGO, IL 606111901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-S1-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000620091 02/09/07-80022-020 58.00

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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

By: RREEF America L.L.C. Its Manager

By: RREEF America L.L.C. It's Manage
Susan E. McClintock 1/24

1/24/2007

312-266-9300

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

Date

lasten in vic. •