

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90038 013 ***150.00

DOCUMENT # F0000006727
 1. Entity Name
RREEF AMERICA REIT II CORP. S



Principal Place of Business Mailing Address
 875 NORTH MICHIGAN AVE. 875 NORTH MICHIGAN AVE.
 STE 4100 STE 4100
 CHICAGO, IL 60611-1901 CHICAGO, IL 60611-1901

50015988



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

01252005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
36-4405555 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	State Zip Code FL

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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KING, DONALD A JR.	NAME	
STREET ADDRESS	875 NORTH MICHIGAN AVE 41ST FL	STREET ADDRESS	
CITY-ST-ZIP	CHICAGO, IL 606111901	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOK, ROBERT J	NAME	
STREET ADDRESS	875 NORTH MICHIGAN AVE 41ST FL	STREET ADDRESS	
CITY-ST-ZIP	CHICAGO, IL 606111901	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KACHADURIAN, GARY T	NAME	
STREET ADDRESS	875 NORTH MICHIGAN AVE 41ST FL	STREET ADDRESS	
CITY-ST-ZIP	CHICAGO, IL 60611	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	S Paula M. Ferkull
STREET ADDRESS		STREET ADDRESS	875 N. Michigan Ave., 41st Fl.
CITY-ST-ZIP		CITY-ST-ZIP	Chicago, IL 60611-1901
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	AS Susan E. McClintock
STREET ADDRESS		STREET ADDRESS	875 N. Michigan Ave., 41st Fl.
CITY-ST-ZIP		CITY-ST-ZIP	Chicago, IL 60611-1901
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	M Marlena M. Casellini
STREET ADDRESS		STREET ADDRESS	101 California St., 26th Fl.
CITY-ST-ZIP		CITY-ST-ZIP	San Francisco, CA 94111-5853

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Susan E. McClintock Susan E. McClintock, Asst. Sec., 1/25/05 312-266-9300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #