
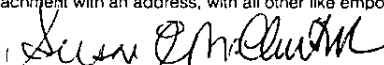


2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

01-31-2008 90015 012 ***150.00

DOCUMENT # F0000006727					
1. Entity Name RREEF AMERICA REIT II CORP. S					
Principal Place of Business 875 NORTH MICHIGAN AVE. STE 4100 CHICAGO, IL 60611-1901		Mailing Address 875 NORTH MICHIGAN AVE. STE 4100 CHICAGO, IL 60611-1901			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01032008 Chg-P CR2E034 (12/06)	
Zip		Country		4. FEI Number 36-4405555	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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		
			FL		Zip Code
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, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	GONZALEZ, TIMOTHY K		NAME		
STREET ADDRESS	875 NORTH MICHIGAN AVE 41ST FL		STREET ADDRESS		
CITY-ST-ZIP	CHICAGO, IL 60611901		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 60611901		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MELKUS, PAUL A		NAME		
STREET ADDRESS	875 NORTH MICHIGAN AVE 41ST FL		STREET ADDRESS		
CITY-ST-ZIP	CHICAGO, IL 60611		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STEPPE, STEPHEN M		NAME		
STREET ADDRESS	101 CALIFORNIA ST. 26TH FLR		STREET ADDRESS		
CITY-ST-ZIP	SAN FRANCISCO, CA 94111		CITY-ST-ZIP		
TITLE	VPS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCCLINTOCK, SUSAN E		NAME		
STREET ADDRESS	875 N. MICHIGAN AVE 41ST FL		STREET ADDRESS		
CITY-ST-ZIP	CHICAGO, IL 60611901		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CASELLINI, MARLENA M		NAME		
STREET ADDRESS	101 CALIFORNIA ST 26TH FL		STREET ADDRESS		
CITY-ST-ZIP	SAN FRANCISCO, CA 941115853		CITY-ST-ZIP		
12. 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 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, VP & SEC., 01/04/08, 312/266-9300			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	