

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L00000011698

**FILED**  
**Feb 07, 2014**  
**Secretary of State**  
**CC4646658404**

**Entity Name:** RREEF-BEACON CENTRE ALLIANCE, LLC

**Current Principal Place of Business:**

222 SOUTH RIVERSIDE, FLOOR 26  
CHICAGO, IL 60606

**Current Mailing Address:**

222 SOUTH RIVERSIDE, FLOOR 26  
CHICAGO, IL 60606

**FEI Number:** 20-4080035

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGRM	Title	ASST. SECRETARY
Name	RREEF AMERICA REIT II CORP. MMMM2 FLORIDA	Name	BAND, KIMBERLY M
Address	222 SOUTH RIVERSIDE, FLOOR 26	Address	222 SOUTH RIVERSIDE, FLOOR 26
City-State-Zip:	CHICAGO IL 60606	City-State-Zip:	CHICAGO IL 60606

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** /S/ KIMBERLY M. BAND

**ASSISTANT SECRETARY**      **02/07/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date