

2021 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# M18000009144

Entity Name: RREEF CPIF COMMERCE TURNPIKE CENTER JV, LLC**Current Principal Place of Business:**222 SOUTH RIVERSIDE PLAZA
34TH FLOOR
CHICAGO, IL 60606**Current Mailing Address:**222 SOUTH RIVERSIDE PLAZA
34TH FLOOR
CHICAGO, IL 60606 US**FEI Number:** 61-1904466**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**THE CORPORATION TRUST COMPANY
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:** PORTIA GUERIN

06/25/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title INVESTOR MEMBER
Name RREEF CPIF COMMERCE TURNPIKE
CENTER MEMBER, LLC
Address C/O RREEF AMERICA L.L.C
222 SOUTH RIVERSIDE PLAZA, 34TH
FLOOR
City-State-Zip: CHICAGO IL 60606

Title AUTHORIZED SIGNATORIES
Name BODIN, SCOTT
Address 3414 PEACHTREE ROAD, SUITE 950
City-State-Zip: ATLANTA GA 30326

Title AUTHORIZED SIGNATORIES
Name PORTIA, GUERIN
Address 222 SOUTH RIVERSIDE PLAZA
34TH FLOOR
City-State-Zip: CHICAGO IL 60606

Title AUTHORIZED SIGNATORIES
Name MEHRA, VIKRAM
Address 875 THIRD AVENUE
City-State-Zip: NEW YORK NY 10022-6225

Title AUTHORIZED SIGNATORIES
Name HENDERSON, TODD W.
Address 875 THIRD AVENUE
City-State-Zip: NEW YORK NY 10022-6225

Title AUTHORIZED SIGNATORIES
Name CAPPELLETTI, JOSEPH
Address 222 SOUTH RIVERSIDE PLAZA
34TH FLOOR
City-State-Zip: CHICAGO IL 60606

Title AUTHORIZED SIGNATORIES
Name HESS, MEGAN
Address 222 SOUTH RIVERSIDE PLAZA
34TH FLOOR
City-State-Zip: CHICAGO IL 60606

Title AUTHORIZED SIGNATORIES
Name STRANGE, KRISTIN
Address 222 SOUTH RIVERSIDE PLAZA
34TH FLOOR
City-State-Zip: CHICAGO IL 60606

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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: PORTIA GUERIN**AUTHORIZED SIGNATOR** 06/25/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title AUTHORIZED SIGNATORIES
Name SWIDERSKI, WILLIAM
Address 222 SOUTH RIVERSIDE PLAZA
34TH FLOOR
City-State-Zip: CHICAGO IL 60606

Title AUTHORIZED SIGNATORIES
Name CAMPOS, DARRELL
Address 101 CALIFORNIA STREET
24TH FLOOR
City-State-Zip: SAN FRANCISCO CA 94111

Title AUTHORIZED SIGNATORIES
Name TONEY, JAMES
Address 222 SOUTH RIVERSIDE PLAZA
34TH FLOOR
City-State-Zip: CHICAGO IL 60606