


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # A9400000594 ✓			
1. Entity Name ACI INCOME FUND, LTD. ✓			
Principal Place of Business 600 EAST COLONIAL DRIVE, SUITE 100 ✓ ORLANDO FL 32803		Mailing Address 600 EAST COLONIAL DRIVE, SUITE 100 ✓ ORLANDO FL 32803	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		4. FEI Number 59-3239203 ✓	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
5. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SCHRIMSHER, J. STEVEN ✓ 600 EAST COLONIAL DRIVE, SUITE 100 ORLANDO FL 32803		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		DATE	
<small>Signature, typed or printed name of registered agent and title if applicable</small>			
9. Capital Contributions as Shown on record.	\$8,300,000.00 ✓	10. Amount of Capital Contributions in FLORIDA to date.	\$ 300,000.00
11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION			
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.			
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	G99047900017 ✓	STREET ADDRESS	
NAME	ACI	CITY-ST-ZIP	
STREET ADDRESS	600 EAST COLONIAL DRIVE, SUITE 100		
CITY-ST-ZIP	ORLANDO FL 32803		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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CITY-ST-ZIP			




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04/13/04 00003-019 526.25

STAPLE CHECK HERE

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:  **J Steven Schrimsher** **4-10-04** **407-423-7600**