

2000 UNIFORM BUSINESS REPORT (UBR)

0002312 AF

DOCUMENT # A95000001308

1. Entity Name
ACI INCOME FUND II, LTD.

Principal Place of Business
**600 EAST COLONIAL DRIVE, SUITE 100
ORLANDO FL 32803**

Mailing Address
**600 EAST COLONIAL DRIVE, SUITE 100
ORLANDO FL 32803-4647**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY 12 PM 2:11



DO NOT WRITE IN THIS SPACE

MJH

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **59-3333003**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SCHRIMSHER, J. STEVEN
600 EAST COLONIAL DRIVE, SUITE 100
ORLANDO FL 32803

7. Name and Address of New Registered Agent

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$15,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **15,000,000.00**

11. MAKE CHECK PAYABLE TO 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	
DOCUMENT #	604118900037 699047900017
NAME	ACI, A FLORIDA GENERAL PARTNERSHIP
STREET ADDRESS	600 EAST COLONIAL DRIVE, SUITE 100
CITY - ST - ZIP	ORLANDO FL 32803
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	PP \$526.25
CITY - ST - ZIP	
STREET ADDRESS	000003251940--7 -05/15/00--01025--005 ****526.25 ****526.25
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	

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: *[Signature]* **SIGNATURE REQUIRED** **Steven Schrimsher** **4/10/00** **(407) 423-7600**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)