

2001 UNIFORM BUSINESS REPORT (UBR)

0002259 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

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State
 Zip: Country

FILED
 01 FEB 27 AM 9:44
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA


DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
SCHRIMSHER, J. STEVEN ✓
 600 EAST COLONIAL DRIVE, SUITE 100
 ORLANDO FL 32803

4. FEI Number: 59-3333003 ✓
 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 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: _____
 Signature, typed or printed name of registered agent and title if applicable.

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 #	G99047900017
NAME	ACI
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	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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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: ✓  **REGISTERED** Steven Schrimsher 2/25/01 (407) 423-7600
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)