DOCUMENT # A9500001308 V					FILED			
ACI INCOME FUND II, LTD.					02 FEB -4 PM 3: 40			
Principal Place of Business Mailing Address 600 EAST COLONIAL DRIVE. SUITE 100 600 EAST COLONIAL DRIVE. SU				TE 100 V	SE TAL	CRETARY OF STAT LAHASSEE, FLOR	TE IDA	
ORLANDO FL	32903	ORLANDO FL 32803			 	PIE (BIE) BING PENN BENN BENN BENN BE		
Principal Place of Business 3. Mailing Address .							 	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DUE BY MAY 1, 2002			
City & State		City & State		4. FEI Number	59-3333003	Applied For Not Applicable		
Zip	Country Zip		Country		5. Certificate of	Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current I	Registered Agent		Name -	7. Name and A	ddress of New Registered	agent	
SCHRIMSHER, J. STEVEN 600 EAST COLONIAL DRIVE, SUITE 100 ORLANDO FL 32803 8. The above named entity submits this statement for the purpose of changing its reg					Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	Zip Code	
	named entity submits this statement for	the purpose of changing its	register	ed office or register	red agent, or both,	in the State of Florida.		
SIGNATURE _	Signature, typed or printed name of registered agent a	and title if applicable.				DATE		
9. Capital Col as Shown o	on record. \$15,000,000.00	10. Amount of Capita in FLORIDA to di	ate.			11. MAKE CHECK PAYABLE SEE REVERSE SIDE FO	R FEE INFORMATION	
	A GENERAL PARTNER T NOTE: General Partners MA	HAT IS A BUSINESS EN Y NOT be changed on ti	TITY M he form	IUST BE REGIST n: an amendmer	TERED AND AC it must be filed	TIVE WITH THIS OFFICE to change a general par	E. rtner.	
12.	GENERAL PARTNER		13.			ADDRESS CHANGES ON		
DOCUMENT # NAME	G99047900017 ACI		STRE	EET ADDRESS			·	
STREET ADDRESS CITY-ST-ZIP	600 EAST COLONIAL DRIVE, SU ORLANDO FL 32803	TTE 100 /	CITY	-ST-ZIP				
DOCUMENT # NAME			STR	EET ADDRESS	51	00004917	1551	
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP		00004917 -02/13/020 ****535,00	1100014 ****535.00	
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CITY-ST-ZIP			CITY	-ST-ZIP				
DOCUMENT # NAME STREET ADDRESS			STRI	EET ADDRESS				
CITY-ST-ZIP DOCUMENT #			CITY	'-ST-ZIP				
NAME STREET ADDRESS				EET ADDRESS				
CITY-ST-ZIP	certify that the information supplied with	this filing does not qualify for		-ST-ZIP	ection 119.07(3)(i).	Florida Statutes. I further cer	tify that the information	
indicated	certify that the information supplied with on this report is true and accurate and	that my signature shall have	the sam	e legal effect as if n	nade under oath; t	hat I am a General Partner of	the limited partnership or	

जिहि teven Schrimsher

2/01/02

(407) 423-7600 Daytime Phone #