


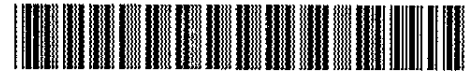
2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004

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

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| DOCUMENT # A95000001308 ✓ 1. Entity Name ACI INCOME FUND II, LTD. ✓ |  |
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|---|---|
| Principal Place of Business 600 EAST COLONIAL DRIVE, SUITE 100 ✓ ORLANDO FL 32803 | Mailing Address 600 EAST COLONIAL DRIVE, SUITE 100 ✓ ORLANDO FL 32803 |
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|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
| City & State | City & State |
| Zip Country | Zip Country |



MOORE CR2E003 (11/03)

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| 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 |
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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 _____
Signature, typed or printed name of registered agent and title if applicable.

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| 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 FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION |
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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 # NAME STREET ADDRESS CITY - ST - ZIP | G99047900017 ✓ ACI 600 EAST COLONIAL DRIVE, SUITE 100 ORLANDO FL 32803 | STREET ADDRESS CITY - ST - ZIP | 000000111135 04/13/04-80003-025 526.25 |
| DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP | | STREET ADDRESS CITY - ST - ZIP | |
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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

STAPLE CHECK HERE