

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

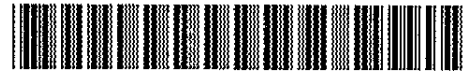
FILED
Apr 05, 2004 08:00 AM
Secretary of State

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



MOORE CR2E003 (11/03)

2. Principal Place of Business: Suite, Apt. #, etc.
City & State
Zip Country

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. 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.

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

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 | |

13. ADDRESS CHANGES ONLY

| | |
|-----------------|----------------------------------|
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| STREET ADDRESS | 000000111135 |
| CITY - ST - ZIP | 04/13/04-80003-025 526.25 |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

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