


**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006**

FILED
Mar 27, 2006 08:06 AM
Secretary of State
PAID

DOCUMENT # A95000001308 ✓
1. Entity Name
ACI INCOME FUND II, LTD. ✓



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



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.	City & State	Suite, Apt. #, etc.	City & State
Zip	Country	Zip	Country

1st MOORE CR2E003 (10/05)

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

FILE NOW!!! Fee is \$500. * After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.**

**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 #	G99047900017 ✓	STREET ADDRESS	
NAME	ACI	CITY-ST-ZIP	
STREET ADDRESS	600 EAST COLONIAL DRIVE, SUITE 100	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32803	CITY-ST-ZIP	04/11/06-80082-015 500.00
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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** 11/8/06 407-423-7600