


# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0008305 AT

**DOCUMENT #** A95000001308 ✓

**1. Entity Name**  
ACI INCOME FUND II, LTD. ✓



**FILED**  
03 FEB 13 AM 10:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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**

**DUE BY MAY 1, 2003**

**4. FEI Number** 59-3333003 ✓

Applied For  Not Applicable

**City & State**

**Zip** **Country**

**5. Certificate of Status Desired**  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

SCHIRMsher, 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.**

**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	
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	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

500012458155  
02/13/03-01026 010 \*\*526.25

**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:**  **REQUIRE** Steven Schrimsher (407) 423-7600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

CR2E003 (10/02)