



FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership		1a. DOCUMENT # <b>A31356</b>			
ICON CASH FLOW PARTNERS, L.P. SERIES A, LIMITED PARTNERSHIP					
Mailing Address  600 MAMARONECK AVE. HARRISON NY 10528-1632 UC		Principal Office Address  600 MAMARONECK AVE. HARRISON NY 10528-1632 UC		3. Date Formed or Registered <b>03/29/1991</b>	
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report <b>12/31/1997</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation <b>DE</b>	
City & State		City & State		5a. Capital Contributions as Shown on record. <b>\$17,474.00</b>	
Zip		Zip		5b. Amount of Capital Contributions in FLORIDA to date. 	
Country		Country		6. FEI Number <b>13-3270490</b> <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
				7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				8. Make check payable to: Dept. of State (See reverse side for fee information)	

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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9/12/98

9. Name and Address of Current Registered Agent  CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City <b>FL</b> Zip Code	
10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.			
SIGNATURE (Registered Agent Accepting Appointment)		DATE	

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

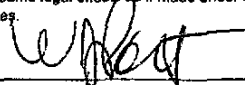
11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
ICON CAPITAL CORP.	600 MAMARONECK AVE	HARRISON NY	P39223
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**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

Typed or Printed Name of General Partner Signing Form

  
William J. Postiglione

DATE

12/2/98

Daytime Telephone Number

914-698-0600

CR2E003 (8/98)