

**A33109**

Irene Lovett  
Requester's Name  
101 Main St., Suite One  
Address  
Tappan, NY 10983  
City/State/Zip Phone #

100005491471--7  
-05/08/02--01036--005  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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- |                                    |   |  |
|------------------------------------|---|--|
| <input type="checkbox"/> Walk in   | <input type="checkbox"/> Pick up time _____ | <input type="checkbox"/> Certified Copy        |
| <input type="checkbox"/> Mail out  | <input type="checkbox"/> Will wait          | <input type="checkbox"/> Certificate of Status |
| <input type="checkbox"/> Photocopy |   |  |

**NEW FILINGS**

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

**AMENDMENTS**

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

**OTHER FILINGS**

- ☐ Annual Report
- ☐ Fictitious Name

**REGISTRATION/QUALIFICATION**

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

**A33109**  
*AK*

Examiner's Initials

**LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED  
OFFICE OR REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of sections 620.105 and 620.1051, Florida Statutes, the undersigned limited partnership organized under the laws of the state of Delaware, submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. ICON CASH FLOW PARTNERS, L.P., SERIES D, LIMITED PARTNERSHIP  
Name of the limited partnership
2. June 25, 1992 3. A33109  
Date of filing/registration in Florida Document number assigned


4. The name and address of the present registered agent and office:

Corporate Service Company  
1201 Hays Street  
Tallahassee, FL 32301

5. The name and street address of the successor registered agent and office: (P.O. Box not acceptable)

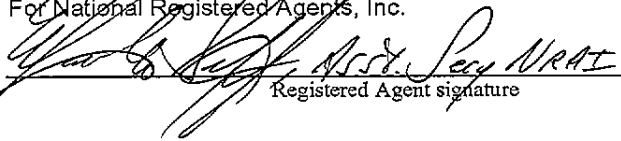
NRAI Services, Inc.  
526 E. Park Avenue  
Tallahassee, FL 32301

Such change was authorized by the general partners.

 March 20, 2002  
Signature of General Partner Date

*Having been named as registered agent and to accept service of process for the above stated limited partnership at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.*

For National Registered Agents, Inc.

 March 19, 2002  
Registered Agent signature Date

**Filing Fee: \$35.00**

**Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314**

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