

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **B94000000279**

1. Entity Name

**ICON CASH FLOW PARTNERS L.P. SIX LIMITED PARTNER**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 NOV 14 PM 1:58



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**600 MAMARONECK AVENUE  
HARRISON NY 10528**

Mailing Address  
**600 MAMARONECK AVENUE  
HARRISON NY 10528-1635**

2. Principal Place of Business  
*111 Church Street*

3. Mailing Address  
*111 Church Street*

Suite, Apt. #, etc.

City & State  
*White Plains NY*

City & State  
*White Plains NY*

Zip  
*10601*

Country  
*U.S.A*

Zip  
*10601*

Country  
*USA*

4. FEI Number  
**13-3723089**

Applied For  
 Not Applicable

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

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

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

**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.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. **\$1,286,350.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO 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		13. ADDRESS CHANGES ONLY	
DOCUMENT # P39223	ICON CAPITAL CORP.	STREET ADDRESS	<b>400003478414--6</b>
NAME	<b>600 MAMARONECK AVENUE</b> <i>see above</i>	CITY - ST - ZIP	<b>-11/28/00-01062--005</b>
STREET ADDRESS	<b>HARRISON NY 10528</b>		<b>***\$500.00 ***\$500.00</b>
CITY - ST - ZIP			
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**REINSTATEMENT** *2000*  
*cut 11/14*

**FF \$1,026.25**

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: **SIGNATURE REQUIRED** *9-13-00* *212-418-4708*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)