

B96000000113

Document Number Only

CT CORPORATION SYSTEM

Requestor's Name

660 East Jefferson Street

Address

Tallahassee, FL 32301 222-1092

City

State

Zip

Phone

CORPORATION(S) NAME

FILED

96 APR -3 PM 1:20

TALLAHASSEE, FLORIDA

Icon Cash Flow Partners Limited Seven

SEARCHED INDEXED
SERIALIZED FILED
APR 3 1996
TALLAHASSEE, FLORIDA

☐ Profit

☐ NonProfit

☐ Amendment

☐ Merger

☒ Foreign LP

☐ Dissolution/Withdrawal

☐ Mark

☐ Limited Partnership

☐ Annual Report

☐ Other

☐ Reinstatement

☐ Reservation

☐ Change of R.A.

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4-3

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FILE STAMPED

\$ 1750.00 FF
35.00 FA

CM

Florida Department of State, Jim Smith, Secretary of State

APPLICATION BY FOREIGN LIMITED PARTNERSHIP
FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

1. ICON Cash Flow Partners L.P. Seven
(Name of limited partnership as it is in the home state;

2. ICON Cash Flow Partners Limited Seven
(If name is unavailable, name under which the limited partnership proposes to register or transact business in Florida; must contain the word "LIMITED" or "LTD.")

3. Delaware 4. May 23, 1995
(State of Formation) (Date of Formation)

5. C T CORPORATION SYSTEM
(Name of Registered Agent for Service of Process)

6. c/o C T Corporation System, 1200 South Pine Island Road
(Street Address of Registered Office)

Plantation, Florida 33324
(City) (Zip Code)

-7. Acceptance by the Registered Agent for Service of Process.

X Ann Marie Cummins
(Officer must sign on this line)
ANN MARIE CUMMINS
ASSISTANT SECRETARY
(Type Name and Title of Officer)

8. 600 Mamaroneck Ave., Harrison, NY 10528
(Address of Registered Office required in State of Formation or, if not required, Address of Principal Office.)

9. NAME OF GENERAL PARTNERS ICON Capital Corp. SPECIFIC ADDRESS 600 Mamaroneck Ave., Harrison, NY 10528

10. 600 Mamaroneck Avenue, Harrison, NY 10 528
(Office where Names, Addresses and Contributions of Limited Partners are kept.)

11. The limited partnership will undertake to keep the records listing the addresses and capital contributions of the limited partner or limited partners until the limited partnership's registration in Florida is cancelled or withdrawn.

12. 600 Mamaroneck Avenue, Harrison, New York 10528
(Mailing Address of Limited Partnership)

This 5th day of March, 19 96.

Charles Duggan
General Partner
Charles Duggan, Ex. Vice President

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TALLAHASSEE, FLORIDA

56 APR -3 PM 1:20

FILED

STATE OF

COUNTY OF

THE FOREGOING instrument was acknowledged and sworn to before me this 5th day of March, 19 96, by Charles Duggan, Ch. V. P. of Econ Cash Flow Corp (Name of General Partner) of Econ Cash Flow Partners L.P. Severn (Name of Limited Partnership), A Delaware (State or Country) Limited Partnership, on behalf of the Limited Partnership.

Louise M. Cugchiella
Notary Public
State of New York at Large

(SEAL)

My Commission Expires:

LOUISE M. CUGCHIELLA
Notary Public, State of New York
No. 4867295
Qualified in Westchester County
Commission Expires April 6, 19 97

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

Capital / BEFORE ME, the undersigned, personally appeared CHARLES DUGGAN, EX. VICE PRES. OF ICON
general partner of ICON Cash Flow Partners L.P., Seven, a (an)
Delaware, limited partnership, hereinafter referred to as the "Partnership", who
certifies as follows:

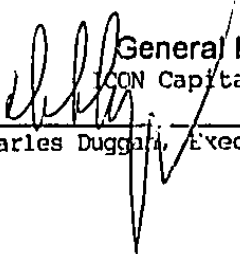
1. The amount of capital contributions of the limited partners is \$ 6,323,184.17
(as of 02/28/96)

2. The anticipated amount of the capital contributions of the limited partners that are allo-
cated for the purposes of transacting business in Florida is \$ 100,000,000.00
(Maximum registered)

This 14th day of March, 19 96.

FURTHER AFFIANT SAYETH NOT.

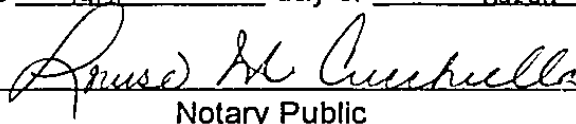
Under penalties of perjury I declare that I have read the foregoing and that the facts are
true, to the best of my knowledge and belief.


General Partner
ICON Capital Corp.
Charles Duggan, Executive Vice President

STATE OF New York
COUNTY OF Westchester
DATE March 14, 1996

BEFORE ME, the undersigned officer, a Notary Public authorized to administer oaths and
to take acknowledgments in and for the State and County set forth above, personally ap-
peared Charles Duggan, Ex. VP of ICON Capital (General Partner, known to me and known by
me to be the person who executed the foregoing Affidavit of Capital Contributions, and he
acknowledged to me and before me that he executed this Affidavit as General Partner of said
partnership.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the
State and County aforesaid, this 14th day of March,
19 96.


Notary Public

Seal

State of NEW YORK at Large
My Commission Expires:

LOUISE M. CUCCHIELLA
Notary Public, State of New York
No 4867295
Qualified in Westchester County
Commission Expires April 6, 19 97

B96000000113



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97 FEB 19 PM 4:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ACCOUNT NO. : 072100000032

REFERENCE : 262438 4332899

AUTHORIZATION : Patricia Pyrite

COST LIMIT : \$ 35.00

ORDER DATE : February 17, 1997

ORDER TIME : 9:33 AM

ORDER NO. : 262438-040

200002092122--5

CUSTOMER NO: 4332899

CUSTOMER: Alycia J. Mellgren, Legal Asst
Icon Capital Corp.
600 Mamaroneck Avenue

Harrison, NY 10528-1632

CHANGE OF AGENT

NAME: ICON CASH FLOW PARTNERS L.P.
SEVEN

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Debbie Skipper

PA Change
2/27/97
DC



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

February 19, 1997

CSC - DEBBIE SKIPPER
TALLAHASSEE, FL

SUBJECT: ICON CASH FLOW PARTNERS LIMITED SEVEN
Ref. Number: B96000000113

RESUBMIT

Please give original
submission date as file date.

We have received your document for ICON CASH FLOW PARTNERS LIMITED SEVEN and the authorization to debit your account in the amount of \$35.00. However, the document has not been filed and is being returned for the following:

The current name of the entity is as referenced above. Please correct your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6906.

Darlene Connell
Corporate Specialist

Letter Number: 097A00008913

**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 LIMITED SEVEN
Name of the limited partnership

2. 4/3/96 3. _____
Date of filing/registration in Florida Document number assigned

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

C T CORPORATION SYSTEM
1200 So. Pine Island Drive
Plantation, FL 33324

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

Corporation Service Company
1201 Hays Street, Suite 105
Tallahassee, Florida 32301

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97 FEB 19 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Such change was authorized by the general partners.

ICON Capital Corp., its General Partner

[Signature]
Signature of General Partner

January 22, 1997
Date

Thomas W. Martin, Executive Vice President

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.

Corporation Service Company

By: Vicki Schreiber
Registered Agent signature

2-18-97
Date

Vicki Schreiber, Asst. Vice President

Filing Fee: \$35.00