


FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE	
1. Name and Mailing Address of Limited Liability Company ICON ASSET ACQUISITION L.L.C. I LIMITED COMPANY 600 MAMARONECK AVENUE HARRISON NY 10528		DOCUMENT # M95000000110 1a. Principal Place of Business Address 600 MAMARONECK AVENUE HARRISON NY 10528	
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.			
2. Principal Place of Business	2a. Mailing Address	3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.	Suite, Apt. #, etc.	05/11/1995	DE
City & State	City & State	4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	13-3808204	
		5. Date of Last Report	6. Certificate of Status Desired
		03/12/1996	See 7. Additional Fee Required <input type="checkbox"/>
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		Name <i>Corporation Service Company</i> Street Address (P.O. Box Number is Not Acceptable) <i>1201 Hays Street</i> Suite, Apt. #, etc. City <i>Tallahassee</i> FL Zip Code <i>32301</i>	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.			
SIGNATURE _____		DATE _____	
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MRGM	ICON CASH FLOW PARTNERS, <i>LE, Six</i>	600 MAMARONECK AVENUE	HARRISON NY 10528-1632
			800002171798--0 -05/08/97--01118--007 ****203.75 ****203.75
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (l), Florida Statutes. 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; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.			
SIGNATURE: <i>William J. Postiglione</i> <i>4/21/97</i> (914) 698-0600			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER <i>Vice President Tax, Icon Capital Corp</i> <i>Corporate General Partner of Member of LLC</i>			

FILED

97 MAY -1 AM 9:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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