


**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 Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 DEC -7 AM 10:02	
1. Name of Limited Partnership		1a. DOCUMENT #			
DEERPOD ASSOCIATES, LTD		A25579			
Mailing Address		Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.
1130 W. CYPRESS DR POMPANO BEACH, FL 33069		1130 W. CYPRESS DR POMPANO BEACH, FL 33069		11/30/1987	300,000.00
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report	5b. Amount of Capital Contributions in FLORIDA to date.
Suite, Apt. #, etc.		Suite, Apt. #, etc.		9/3/97	
City & State		City & State		4. State or Country of Formation	
Zip		Zip		FL	
Country		Country		6. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
				65-0013217	
				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)	

9. Name and Address of Current Registered Agent		10. If changed, new Registered Agent/Office	
PODOLSKY, JERRY 1130 W. CYPRESS DR POMPANO BEACH, FL 33069		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, etc.	
		City	
		000002709290--7 -12/10/98-010000-003 ***\$26.25 ***\$26.25	

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
PODOLSKY, JERRY	1130 W. CYPRESS DR	POMPANO BEACH FL, 33069	F92000000881
KIPPOD, INC	ONE WESTBROOK CENTER	WESTCHESTER ILL.	

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 effects 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 Jerry Podolsky DATE 12/3/98

Typed or Printed Name of General Partner Signing Form JERRY PODOLSKY Daytime Telephone Number 954-971-0592

CR2E003 (8/98)