

2001 UNIFORM BUSINESS REPORT (UBR)

UNUS304 AF

DOCUMENT # A25579

1. Entity Name
DEERPOD ASSOCIATES, LTD.

FILED

01 JAN 12 PM 10:39

Principal Place of Business Mailing Address
1130 W. CYPRESS DR. 1130 W. CYPRESS DR.
POMPANO BEACH FL 33069 POMPANO BEACH FL 33069

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0013217** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PODOLSKY, JERRY
1130 W. CYPRESS DR.
POMPANO BEACH FL 33069

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

9. Capital Contributions as Shown on record. **\$300,000.00**

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 #
NAME **PODOLSKY, JERRY**
STREET ADDRESS **1130 W. CYPRESS DR.**
CITY-ST-ZIP **POMPANO BEACH FL 33069**

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT # **F92000000881**
NAME **MIPOD, INC.**
STREET ADDRESS **ONE WESTBROOK CORPORATE**
CITY-ST-ZIP **WESTCHESTER IL**

STREET ADDRESS **200003575312--6**
CITY-ST-ZIP **01/25/01 01101-004**
*****526.25 ***526.25**

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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: **JERRY PODOLSKY**
SIGNATURE: [Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date **1/09/01** 954
Daytime Phone # **971-0542**

CR2E003 (11/00)