

2002 UNIFORM BUSINESS REPORT (UBR)

0006510 A1

DOCUMENT # A25579

1. Entity Name
DEERPOD ASSOCIATES, LTD.

FILED
02 JAN -9 PM 4: 35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MJH



Principal Place of Business 1130 W. CYPRESS DR. POMPANO BEACH FL 33069	Mailing Address 1130 W. CYPRESS DR. POMPANO BEACH FL 33069
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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119

DUE BY MAY 1, 2002

4. FEI Number 65-0013217	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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 _____ 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
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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 STREET ADDRESS CITY-ST-ZIP	PODOLSKY, JERRY 1130 W. CYPRESS DR. POMPANO BEACH FL 33069	STREET ADDRESS CITY-ST-ZIP	100004775861--9 01/15/02-01050-016 ****526.25 ****526.25
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	F92000000881 MIPOD, INC. ONE WESTBROOK CORPORATE WESTCHESTER IL	STREET ADDRESS CITY-ST-ZIP	
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CR2E003 (9/01)

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** **954**
SIGNATURE REQUIRED **1/07/02** **971-0542**

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