

**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2004**



**FILED**

04 JAN 29 AM 9:27

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



MOORE CR2E003 (11/03)

<b>DOCUMENT # A25579</b>		1. Entity Name <b>DEERPOD ASSOCIATES, LTD.</b>	
Principal Place of Business 1130 W. CYPRESS DR. POMPANO BEACH FL 33069		Mailing Address 1130 W. CYPRESS DR. POMPANO BEACH FL 33069	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>PODOLSKY, JERRY 1130 W. CYPRESS DR. POMPANO BEACH FL 33069</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE _____	
9. Capital Contributions as Shown on record. <b>\$300,000.00</b>		10. Amount of Capital Contributions in FLORIDA to date.	
<b>11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>			
<b>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.</b>			
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	PODOLSKY, JERRY	STREET ADDRESS	
NAME	1130 W. CYPRESS DR.	CITY-ST-ZIP	
STREET ADDRESS	POMPANO BEACH FL 33069		
CITY-ST-ZIP			
DOCUMENT #	F92000000881	STREET ADDRESS	000027858730
NAME	MIPOD, INC.	CITY-ST-ZIP	01/29/04--01072--003 **526.25
STREET ADDRESS	302 SAUNDERS ROAD		
CITY-ST-ZIP	RIVERWOODS IL 60015		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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STREET ADDRESS			
CITY-ST-ZIP			
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: <b>JERRY PODOLSKY</b> <i>Jerry Podolsky</i>		Date: <b>1/27/04</b> Daytime Phone #: <b>954 971-0542</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date	

STAPLE CHECK HERE