


**2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005**

**FILED
Jan 12, 2005 08:00 AM
Secretary of State**

DOCUMENT # A25579
1. Entity Name
DEERPOD ASSOCIATES, LTD.



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. —
City & State —
Zip — Country —

3. Mailing Address
Suite, Apt. #, etc. —
City & State —
Zip — Country —



01052005 Chg-LP CR2E003 (10/03)

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
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. I am familiar with, and accept the obligations of registered agent.

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.

**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 #	PODOLSKY, JERRY	STREET ADDRESS	
NAME	1130 W. CYPRESS DR.	CITY - ST - ZIP	
STREET ADDRESS	POMPANO BEACH, FL 33069		
CITY - ST - ZIP			
DOCUMENT #	F9200000881	STREET ADDRESS	
NAME	MIPOD, INC.	CITY - ST - ZIP	
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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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 G.P. Date: 1/12/05 Daytime Phone #: 954-971-0842

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE