


**2006 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2006**

**FILED  
Jan 11, 2006 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
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01052006 No Chg-LP CR2E003 (11/05)

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

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  
  
 PODOLSKY, JERRY  
 1130 W. CYPRESS DR.  
 POMPANO BEACH, FL 33069

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ U00000382303  
Signature, typed or printer A registered agent and title if applicable 01/12/06-800683-005 500.00

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2006, Fee will be \$900.00**

*1/05/06*

**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	
DOCUMENT #	
NAME	PODOLSKY, JERRY
STREET ADDRESS	1130 W. CYPRESS DR.
CITY-ST-ZIP	POMPANO BEACH, FL 33069
DOCUMENT #	F92000000881
NAME	MIPOD, INC.
STREET ADDRESS	302 SAUNDERS ROAD
CITY-ST-ZIP	RIVERWOODS, IL 60015
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 *Jerry Podolsky*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #