2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

DOCUMENT # A25579

1. Entity Name
DEERPOD ASSOCIATES, LTD.

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

DO NOT WRITE IN THIS SPACE

01042008 No Chg-LP   CR2E003 (12/06)

4. FEI Number		Applied For
65-0013217		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

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 _____
Signature, typed or printed name of registered agent and title if applicable.   DATE

FILE NOW!!! FEE IS $500.00
After May 1, 2008, Fee will be $900.00

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	
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

JERRY PODOLSKY

SIGNATURE: _____ G.P.   1/08/08   954-971-0542
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER   Date   Daytime Phone #