

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000000188

FILED  
Apr 25, 2008  
Secretary of State

**Entity Name:** YODER PROPERTIES, LIMITED LIABILITY COMPANY

**Current Principal Place of Business:**

109 MILES AVENUE  
CANTON, OH 44710

**New Principal Place of Business:**

**Current Mailing Address:**

109 MILES AVENUE  
CANTON, OH 44710

**New Mailing Address:**

**FEI Number:** 34-1787803

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: YODER, ABNER A TRUSTEE  
Address: 109 MILES AVENUE  
City-St-Zip: CANTON, OH 44710

Title: MGRM ( ) Delete  
Name: YODER, ESTHER A TRUSTEE  
Address: 109 MILES AVENUE  
City-St-Zip: CANTON, OH 44710

Title: MGRM ( ) Delete  
Name: YODER, STEPHEN E  
Address: 109 MILES AVENUE  
City-St-Zip: CANTON, OH 44710

Title: MGRM ( ) Delete  
Name: YODER, JAVAN L  
Address: 109 MILES AVENUE  
City-St-Zip: CANTON, OH 44710

Title: MGRM ( ) Delete  
Name: SPILLMAN, WENDY J  
Address: 109 MILES AVENUE  
City-St-Zip: CANTON, OH 44710

Title: MGRM ( ) Delete  
Name: DICKY, JANICE L  
Address: 109 MILES AVENUE  
City-St-Zip: CANTON, OH 44710

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: LAURA CAMPBELL AGENT

ADM

04/25/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date