2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# M03000000188

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	(X) 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:	DICKEY, 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 ADMINISTRATIVE ASSISTANT ADMI 04/22/2009

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