2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 17, 2009
Secretary of State

DOCUMENT# M06000000586

Entity Name: INTERNATIONAL BIORESOURCES, L.L.C.

Current Principal Place of Business:

1200 CAMELLIA BLVD., SUITE 203
LAFAYETTE, LA 70508

New Principal Place of Business:

Current Mailing Address:

1200 CAMELLIA BLVD., SUITE 203
LAFAYETTE, LA 70508

New Mailing Address:

FEI Number: 72-1516452 **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: SAVOY, RODNEY L
Address: 1100 CAMELLIA BLVD., SUITE 201
City-St-Zip: LAFAYETTE, LA 70508

Title: MGRM ( ) Delete
Name: GAGNARD, ROBERT
Address: 16244 VIA DEL ALBA
City-St-Zip: RANCHO SANTA FE, CA 92067

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

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

Title: MGRM ( ) Change (X) Addition
Name: GREG, STRATEGIER
Address: 1200 CAMELLIA BLVD. - SUITE 203
City-St-Zip: LAFAYETTE, LA 70508

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: GREG STRATEGIER CFO 02/17/2009

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