2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000004485

Entity Name: PSYBAR, LIMITED LIABILITY COMPANY

FILED Jan 22, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business	Current Principal Place of Business:	New Principal Place of Business
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5151 EDINA INDUSTRIAL BLVD. STE 675 5151 EDINA INDUSTRIAL BLVD.

MINNEAPOLIS, MN 55439 SUITE 675

MINNEAPOLIS, MN 55439

Current Mailing Address: New Mailing Address:

5151 EDINA INDUSTRIAL BLVD. STE 675 5151 EDINA INDUSTRIAL BLVD.

MINNEAPOLIS, MN 55439 SUITE 675

MINNEAPOLIS, MN 55439

FEI Number: 41-1809124 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

INCORP SERVICES, INC. 17888 67TH COURT NORTH LOXAHATCHEE, FL 33470 US

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: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 FISHER, DAVID
 Name:

 Address:
 5151 EDINA INDUSTRIAL BLVD. STE 675
 Address:

 City-St-Zip:
 MINNEAPOLIS, MN 55439
 City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 FENWICK, SHERIDAN
 Name:

 Address:
 5151 EDINA INDUSTRIAL BLVD. STE 675
 Address:

 City-St-Zip:
 MINNEAPOLIS, MN 55439
 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: DAVID FISHER PRES 01/22/2009