## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M06000001820

POT HUSSY, LLC

Principal Place of Business

**622 NORTH WATER STREET** SUITE 200 MILWAUKEE, WI 53202

Mailing Address

**622 NORTH WATER STREET** SUITE 200 MILWAUKEE, WI 53202

**FILED** Mar 08, 2007 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

CR2E083 (11/05) 02222007 No Chg-LLC Applied For

	20-4511911					_ {	No	ı Appli	eldso
5. Certificate of Status Desired					\$5.00 Additional Fee Required				
			1						

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD

4. FEI Number

PLANTATION, FL 33324		IN THIS SPACE				
8. The above the obligat SIGNATURE_	named entity submits this statement for the purpose of changing of registered agent.  Laurana Doubles  Signature typed or printed name of registered agent and talle if applicable	ging its registered office or registered agent, or both, in the State of Barbara A. Burke Special Assistant Secretary  (NOTE: Registered Agent signature required when renstating)	State of Florida. I am familiar with, and accept  2007  DATE			
	lling Fee is \$50.00 ue by May 1, 2007 MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY: \$1-ZIP	MGRM BURKE, JOHN J JR. 622 NORTH WATER STREET MILWAUKEE, WI 53202	03/16/0	00659726 17-80042-009 50.00			
TITLE NAME STREET ADDRESS	MGRM COHEN, JERRY 929 NORTH ASTOR, #202T	The second section of the section of				

CITY-ST-ZIP MILWAUKEE, WI 53202 THLE NAME STREET ADDRESS CITY-\$T-ZIP NAME STREET ADDRESS CITY-ST-ZIP TATLE NAME STREET ADDRESS CHTY-ST-ZIP TITLE NAME STREET ADDRESS

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11. Thereby certify that the information supplied with this filling 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 path, that I am a magazing member or magazing of the

limited liability company or the receiv	r or trustee empowered to execute this report as re	equired by Chapter 608, Florida Statutes.	aaagga	
	1/1			,

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME (