2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 22, 2008 8:00 am
Secretary of State
02-22-2008 90042 021 ***138.75

DOCUMENT # M06000001820

1. Entity Name
POT HUSSY, LLC

Principal Place of Business	Mailing Address
622 NORTH WATER STREET SUITE 200 MILWAUKEE, WI 53202	622 NORTH WATER STREET SUITE 200 MILWAUKEE, WI 53202

DO NOT WRITE IN THIS SPACE

01292008 No Chg-LLC CR2E083 (12/07)

4. FEI Number
20-4511911
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	BURKE, JOHN J JR.
STREET ADDRESS	622 NORTH WATER STREET
CITY-ST-ZIP	MILWAUKEE, WI 53202
TITLE	MGRM
NAME	COHEN, JERRY
STREET ADDRESS	929 NORTH ASTOR, #202T
CITY-ST-ZIP	MILWAUKEE, WI 53202
TITLE	Assistant Manager
NAME	Wendy Slocum
STREET ADDRESS	622 N. Water Street, Ste 200
CITY-ST-ZIP	Milwaukee, WI 53202
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing 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 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: Wendy Slocum Wendy Slocum, Asst Mgr 1/29/08 414/270-0200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #