2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 15, 2009
Secretary of State

DOCUMENT# M06000001820

Entity Name: POT HUSSY, LLC

Current Principal Place of Business:

622 NORTH WATER STREET
SUITE 200
MILWAUKEE, WI 53202

New Principal Place of Business:

Current Mailing Address:

622 NORTH WATER STREET
SUITE 200
MILWAUKEE, WI 53202

New Mailing Address:

FEI Number: 20-4511911 **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:	BURKE, JOHN J JR.
Address:	622 NORTH WATER STREET
City-St-Zip:	MILWAUKEE, WI 53202
Title:	MGRM ( ) Delete
Name:	COHEN, JERRY
Address:	929 NORTH ASTOR, #202T
City-St-Zip:	MILWAUKEE, WI 53202
Title:	MGRA ( ) Delete
Name:	SLOOM, WENDY
Address:	622 N WATER ST STE 200
City-St-Zip:	MILWAUKEE, WI 53202

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	MGRA (X) Change ( ) Addition
Name:	SLOCOM, WENDY
Address:	622 N WATER ST STE 200
City-St-Zip:	MILWAUKEE, WI 53202

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: JOHN J. BURKE, JR. MGRM 01/15/2009

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