


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # M00000002604
 1. Entity Name
 ZAREMBA GROUP, LLC



Principal Place of Business Mailing Address
 14600 DETROIT AVE., SUITE 1500 14600 DETROIT AVE., SUITE 1500
 LAKEWOOD, OH 44107 LAKEWOOD, OH 44107

DO NOT WRITE IN THIS SPACE



04202005 No Chg-LLC CR2E083 (10/03)

4. FEI Number Applied For
 31-1530757 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

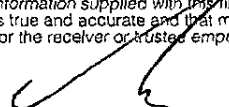
**Filing Fee is \$50.00
 Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ZAREMBA GROUP INCORPORATED 14600 DETROIT AVE. LAKEWOOD, OH 44107
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR THE HILLIARD FUND LIMITED PARTNERSHIP 14600 DETROIT AVE. LAKEWOOD, OH 44107
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WNT COMPANY 14600 DETROIT AVE. LAKEWOOD, OH 44107
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  Date: 4-27-05 Daytime Phone #: 216/221-6600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

**Barbara VonBenken
 Secretary**