

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2006 08:00 AM
Secretary of State

DOCUMENT # M00000002604
 1. Entity Name
 ZAREMBA GROUP, LLC



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

DO NOT WRITE IN THIS SPACE



03232006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 31-1530757	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
 Due by May 1, 2006**

U00000559415
 05/17/06-80136-009 50.00

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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *R. S. Doolittle, V.P.* 4/25/06
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #