


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

5 **FILED**  
**Jun 30, 2008 8:00 am**  
**Secretary of State**

05-19-2008 90188 030 \*\*\*138.75

**DOCUMENT # M00000002604**  
 1. Entity Name  
**ZAREMBA GROUP, LLC**



<b>Principal Place of Business</b> 14600 DETROIT AVE., SUITE 1500 LAKEWOOD, OH 44107	<b>Mailing Address</b> 14600 DETROIT AVE., SUITE 1500 LAKEWOOD, OH 44107
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30010022



04182008 No Chg-LLC CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>31-1530757</b>	Applied For Not Applicable
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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

**DO NOT WRITE IN THIS SPACE**

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 *H. S. Duntley, Jr.* 4/28/08  
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when requesting) DATE

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

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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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 118, 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: *[Signature]* 6/27/08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #