

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000002604

Entity Name: ZAREMBA GROUP, LLC

FILED  
Apr 22, 2009  
Secretary of State

**Current Principal Place of Business:**

14600 DETROIT AVE., SUITE 1500  
LAKEWOOD, OH 44107

**New Principal Place of Business:**

**Current Mailing Address:**

14600 DETROIT AVE., SUITE 1500  
LAKEWOOD, OH 44107

**New Mailing Address:**

FEI Number: 31-1530757

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: MGR ( ) Delete  
Name: ZAREMBA GROUP INCORPORATED  
Address: 14600 DETROIT AVE.  
City-St-Zip: LAKEWOOD, OH 44107

Title: MGR ( ) Delete  
Name: THE HILLIARD FUND LIMITED PARTNERSHIP  
Address: 14600 DETROIT AVE.  
City-St-Zip: LAKEWOOD, OH 44107

Title: MGR ( ) Delete  
Name: WNT COMPANY  
Address: 14600 DETROIT AVE.  
City-St-Zip: LAKEWOOD, OH 44107

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: BOB STEADLEY

VP

04/22/2009

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