

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jun 04, 2004 8:00 am**  
**Secretary of State**

06-04-2004 90272 005 \*\*\*\*50.00

**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

**14023305**



03042003No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
31-1530757

Applied For  
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

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by September 8, 2004**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	ZAREMBA GROUP INCORPORATED
STREET ADDRESS	14600 DETROIT AVE.
CITY-ST-ZIP	LAKEWOOD, OH 44107
TITLE	MGR
NAME	THE HILLIARD FUND LIMITED PARTNERSHIP
STREET ADDRESS	14600 DETROIT AVE.
CITY-ST-ZIP	LAKEWOOD, OH 44107
TITLE	MGR
NAME	WNT COMPANY
STREET ADDRESS	14600 DETROIT AVE.
CITY-ST-ZIP	LAKEWOOD, OH 44107
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 exemption stated in Section 119.07(3)(i), 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:** \_\_\_\_\_

**Barbara VonBenken**  
**Secretary**

**5/12/04**

**216-221-6600**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #