


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # M00000002604 1. Entity Name ZAREMBA GROUP, LLC	
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Principal Place of Business 14600 DETROIT AVE., SUITE 1500 LAKEWOOD, OH 44107	Waiting Address 14600 DETROIT AVE., SUITE 1500 LAKEWOOD, OH 44107
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04202005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 31-1530757	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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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 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

000000342047
04/29/05-80038-016 50.00

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: _____

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

4-27-05

Date

216/221-6600

Daytime Phone #

**Barbara VonBenken
Secretary**