

**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



03232006 No Chg-LLC

CR2E083 (11/05)

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 May 1, 2006**

U00000559415
05/17/06-80136-009 50.00

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 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: _____

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

Date

Daytime Phone #