2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 08:00 A
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

04182007 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, 2007

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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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U000007463671
05/15/07-80119-003.50.00

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: _____ 4/27/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #