

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 DEC -5 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A98000001709

1. Name of Limited Partnership

AERC HP Advisors Limited Partnership

2. Principal Office Address

5025 Swetland Court

3. Mailing Office Address

5025 Swetland Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Richmond Heights, Ohio

City & State

Richmond Heights, Ohio

Zip

44143

Country

USA

Zip

44143

Country

USA

8. Name and Address of Current Registered Agent

Name

A.G.C. Co.

Street Address (P.O. Box Number is Not Acceptable)

200 South Orange Avenue

Suite, Apt. #, Etc.

Suite 2300, SunTrust Center

City

Orlando

State

FL

Zip Code

32801-3432

9. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

10. Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	10a. Registration Document Number
Associated Estates Realty Corporation	5025 Swetland Court	Richmond Heights, Ohio 44143	F98000000538

REINSTATEMENT 2001

000004712300--5
-12/07/01--01005--002
***8355.00 ***1035.00

FF \$1,026.25
Aus 8.75

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

Associated Estates Realty Corporation General Partner
SIGNATURE By: *Martin A. Fishman V.P.*

DATE 11-19-01

Typed or Printed Name of General Partner Signing Form Martin A. Fishman, Vice President

Telephone Number (216) 797-8780

CR2E039 (9/01)