

**LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # A98000001709

1. Entity Name

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAY 16 PM 4:38

AERC HP ADVISORS LIMITED PARTNERSHIP

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5025 Swetland Court

Suite, Apt. #, etc.

3. Mailing Address
5025 Swetland Court

Suite, Apt. #, etc.
Legal Dept.

DO NOT WRITE IN THIS SPACE

DUE BY MAY 1

City & State
Richmond Heights, OH 44126

City & State
Richmond Heights, OH 44126

4. FEI Number
34-1880536

Applied For
Not Applicable

Zip
44143

Country
USA

Zip
44143

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
A.G.C. Co.

Street Address (P.O. Box Number is Not Acceptable)
SunTrust Center, Suite 2300

200 South Orange Avenue

City
Orlando

FL

Zip Code
32801-3432

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.

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

DATE

9. Capital Contributions
as Shown on record. 11,235,550

10. Amount of Capital Contributions
in FLORIDA to date. 10,762,666

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT # F98000000538
NAME Associated Estates Realty Corporation
STREET ADDRESS 5025 Swetland Court
CITY-ST-ZIP Richmond Heights, OH 44143

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

Associated Estates Realty Corporation, General Partner

SIGNATURE: By:

M A Freshman

4-29-02 216/797-8780

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

CR2E003B (12/01)