

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A98000001709 1. Entity Name AERC HP ADVISORS LIMITED PARTNERSHIP	
---	---

FILED

07 MAY 24 AM 9:42

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business 5025 SWETLAND COURT DRIVE RICHMOND HEIGHTS, OH 44143	Mailing Address 5025 SWETLAND COURT, LEGAL DEPT. RICHMOND HEIGHTS, OH 44143
--	---

2. Principal Place of Business - No P.O. Box # 1 AEC Parkway Suite, Apt. #, etc.	3. Mailing Address 1 AEC Parkway Suite, Apt. #, etc. Legal Dept. City & State Richmond Heights, Ohio Zip Country 44143 USA
---	---

04122007 Chg-LP CR2E003 (12/06)

4. FEI Number 34-1880536	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent A.G.C., CO. SUNTRUST CENTER, SUITE 2300 200 SOUTH ORANGE AVENUE ORLANDO, FL 32801-3432	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
--	--

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

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	F98000000538	STREET ADDRESS	1 AEC Parkway
NAME	ASSOCIATED ESTATED REALTY CORPORATION	CITY-ST-ZIP	Richmond Heights, Ohio 44143
STREET ADDRESS	5025 SWETLAND CT		
CITY-ST-ZIP	RICHMOND HEIGHTS, OH 44143		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

800103637628
05/01/07--01006--010 **500.00

14. 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 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-20-07

216-797-8780

Martin A. Fishman, Vice President

STAPLE CHECK HERE