2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000001709

1. Entity Name AERC HP ADVISORS LIMITED PARTNERSHIP

SIGNATURE: By:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER in A Fishman Vice President



FILED 03 HAY -1 PM 6: 11 SECRETARY OF STATE.

MJH

216/797-8780

Principal Place of Business Mailing Address **5025 SWETLAND COURT DRIVE** 5025 SWETLAND COURT DRIVE RICHMOND HEIGHTS, OH 44143 RICHMOND HEIGHTS, OH 44143 2. Principal Place of Business 3. Mailing Address 5025 Swetland Court Suite, Apt. #, etc. Suite, Apt. #. etc. DUE BY MAY 1, 2003 Legal Dept City & State City & State Applied For 4. FFI Number 34-1880536 Richmond Heights, OH Not Applicable \$8.75 Additional Fee Required Zip Country Zip Country 5. Certificate of Status Desired 44143 USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name A.G.C., CO. SUNTRUST CENTER, SUITE 2300 Street Address (P.O. Box Number is Not Acceptable) 200 SOUTH ORANGE AVENUE 70001764 ORLANDO, FL 32801-3432 **526, 2S City Złp 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 Signature, typed or printed name of registered agent and title if applicable 10. Amount of Capital Contributions in FLORIDA to date. \$10,757,751.00 III MAKE CHECK PAYABLE TO FL DEPT OF STATE 9. Capital Contributions as Shown on record. \$11,235,550.00 SEE REVERSE SIDE FOR FEETINFORMATION 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. 13. F98000000538 CRZE003 (10/02) DOCUMENT # STREET ADDRESS ASSOCIATED ESTATED REALTY CORPORATION NAME STREET ADDRESS 5025 SWETLAND CT CITY-ST-ZIP RICHMOND HEIGHTS, OH 44143 CITY -51-2(P DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF DOCUMENT 4 STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS 14. I hereby certify that the information supplied with this filling 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