
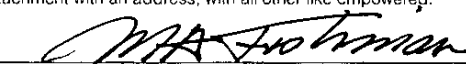


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90222 015 \*\*\*150.00

<b>DOCUMENT # F98000003525</b> 1. Entity Name <b>AERC OF FLORIDA, INC.</b>					
Principal Place of Business <b>5025 SWETLAND COURT RICHMOND HEIGHTS, OH 44143</b>			Mailing Address <b>5025 SWETLAND COURT LEGAL DEPT. RICHMOND HEIGHTS, OH 44143</b>		
2. Principal Place of Business - No P.O. Box # <b>1 AEC Parkway</b> <small>Suite, Apt. #, etc.</small>		3. Mailing Address <b>1 AEC Parkway</b> <small>Suite, Apt. #, etc.</small> <b>Legal Dept.</b>			
City & State <b>Richmond Heights, Ohio</b>		City & State <b>Richmond Heights, Ohio</b>		4. FEI Number <b>34-1867942</b>	
Zip <b>44143</b>	Country <b>USA</b>	Zip <b>44143</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>A.G.C., CO. SUNTRUST CENTER, SUITE 2300 200 SOUTH ORANGE AVENUE ORLANDO, FL 32801-3432</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FRIEDMAN, JEFFREY I <input type="checkbox"/> Delete 5025 SWETLAND COURT RICHMOND HEIGHTS, OH 44143		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Friedman, Jeffrey I. 1 AEC Parkway Richmond Heights, Ohio 44143	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD <input type="checkbox"/> Delete FISHMAN, MARTIN A 5025 SWETLAND COURT RICHMOND HEIGHTS, OH 44143		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Fishman, Martin A. 1 AEC Parkway Richmond Heights, Ohio 44143	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT <input type="checkbox"/> Delete FATICA, LOU 5025 SWEETLAND CT RICHMOND HTS, OH 44143		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Fatica, Lou 1 AEC Parkway Richmond Heights, Ohio 44143	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete ZDOLSHEK, GARY A 200 PUBLIC SQ 40TH FL CLEVELAND, OH 44114		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Zdolshek, Gary A. 7544 Old Quarry Lane Brecksville, Ohio 44141	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <b>Martin A. Fishman, Vice President</b>			Date <b>4-20-07</b> Daytime Phone # <b>216-797-8780</b>		