


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2008 08:00 A
Secretary of State

DOCUMENT # F98000003525 1. Entity Name AERC OF FLORIDA, INC.	
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Principal Place of Business 1 AEC PARKWAY RICHMOND HEIGHTS, OH 44143	Mailing Address 1 AEC PARKWAY LEGAL DEPT. RICHMOND HEIGHTS, OH 44143
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DO NOT WRITE IN THIS SPACE



04072008 No Chg-P CR2E034 (11/05)

4. FEI Number 34-1867942	Applied For 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
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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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000905327 05/01/08-80049-002 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FRIEDMAN, JEFFREY I 1 AEC PARKWAY RICHMOND HEIGHTS, OH 44143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD FISHMAN, MARTIN A 1 AEC PARKWAY RICHMOND HEIGHTS, OH 44143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT FATICA, LOU 1 AEC PARKWAY RICHMOND HTS, OH 44143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZDOLSHEK, GARY A 7544 OLD QUARRY LANE BRECKSVILLE, OH 44141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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.

SIGNATURE:  **04/09/08** 216/797-8780

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Martin A. Fishman, Vice President

Daytime Phone #