


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-26-2007 90222 011 \*\*\*150.00

<b>DOCUMENT # F99000005746</b>	
1. Entity Name <b>AERC WINDSOR PINES, 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>
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2. Principal Place of Business - No P.O. Box # <b>1 AEC Parkway</b>	3. Mailing Address <b>1 AEC Parkway</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <b>Legal Dept.</b>

City & State <b>Richmond Heights, Ohio</b>	City & State <b>Richmond Heights, Ohio</b>
Zip <b>44143</b>	Zip <b>44143</b>
Country <b>USA</b>	Country <b>USA</b>



04122007 Chg-P CR2E034 (12/06)

4. FEI Number <b>34-1907400</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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.

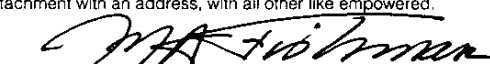
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. 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</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FRIEDMAN, JEFFREY I 5025 SWETLAND COURT RICHMOND HEIGHTS, OH 44143 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Friedman, Jeffrey I. 1 AEC Parkway Richmond Heights, Ohio 44143 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD FISHMAN, MARTIN A 5025 SWETLAND COURT RICHMOND HEIGHTS, OH 44143 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD Fishman, Martin A. 1 AEC Parkway Richmond Heights, Ohio 44143 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT FATICA, LOU 5025 SWETLAND COURT RICHMOND HEIGHTS, OH 44143 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT Fatica, Lou 1 AEC Parkway Richmond Heights, Ohio 44143 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZDOLSHEK, GARY A 200 PUBLIC SQUARE, 40TH FLOOR CLEVELAND, OH 44114 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Zdolshek, Gary A. 7544 Old Quarry Lane Brecksville, Ohio 44141 <input checked="" 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
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.

**SIGNATURE:**  **4-20-07** **216-797-8780**

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

Date Daytime Phone #