

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 DEC 30 PM 5:03

1. Name of Limited Partnership JOHN Q. HAMMONS HOTELS, LIMITED PARTNERSHIP		1a. DOCUMENT # B94000000512	
Mailing Address 300 JOHN Q. HAMMONS PARKWAY, SUITE 900 SPRINGFIELD MO 65806	Principal Office Address 300 JOHN Q. HAMMONS PARKWAY, SUITE 900 SPRINGFIELD MO 65806	3. Date Formed or Registered 11/23/1994	5a. Capital Contributions as Shown on record. \$0.00
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country	3a. Date of Last Report 07/01/1996
		4. State or Country of Formation DE	5b. Amount of Capital Contributions in FLORIDA to date: \$0.00
		6. FEI Number 43-1523951	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
		7. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
8. Make check payable to: Dept. of State (See reverse side for fee information)			

NYC 12/30/96



9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2607	10. If changed, new Registered Agent/Office Name 200002050592--9 Street Address (P.O. Box Number is Not Accepted) 11708/97--01053--024 Suite, Apt. #, etc. ****191.25 ****191.25 City FL Zip Code
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10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) *Shelly R. Adams* DATE 12/27/96

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
JOHN Q. HAMMONS HOTELS, INC.	300 JOHN Q. HAMMONS P	SPRINGFIELD MO 65806	F96000003280

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by Florida Statutes.

SIGNATURE *[Signature]* DATE 12/26/96

CR2E003 (6/96)