

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 OCT 12 AM 11:21

LIMITED PARTNERSHIP ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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1. Name of Limited Partnership	1a. DOCUMENT # B94000000512
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JOHN Q. HAMMONS HOTELS, LIMITED PARTNERSHIP



Mailing Address 300 HAMMONS PARKWAY, SUITE 900 SPRINGFIELD MO 65806	Principal Office Address 300 HAMMONS PARKWAY, SUITE 900 SPRINGFIELD MO 65806	3. Date Formed or Registered 11/23/1994	5a. Capital Contributions as Shown on record. \$0.00
		3a. Date of Last Report 08/14/1998	5b. Amount of Capital Contributions In FLORIDA to date: \$0.00
		4. State or Country of Formation DE	
2. Mailing Address	2a. Principal Office Address	6. FEI Number 43-1523951 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State	City & State	8. Make check payable to: Dept. of State (See reverse side for fee information)	
Zip	Country		

9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. 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) _____ DATE _____

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

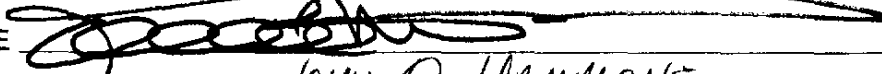
11. Name(s) of General Partner(s) JOHN Q. HAMMONS HOTELS, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 300 HAMMONS PARKWAY,	11b. City, State & Zip Code SPRINGFIELD MO 65806	11c. Registration/ Document Number F96000003280
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Note: 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 Chapter 689, Florida Statutes.

SIGNATURE  DATE **9-17-98**

Typed or Printed Name of General Partner Signing Form **JOHN Q. HAMMONS** Daytime Telephone Number **417-864-4300**

CR2E003 (8/98)