


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

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	FILED 98 DEC 30 AM 9: 39 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
1. Name of Limited Partnership SHANER HOTEL GROUP PROPERTIES TWO LIMITED PARTNERSHIP		1a. DOCUMENT # B96000000497		
Mailing Address 303 SCIENCE PARK RD. STATE COLLEGE PA 16903		Principal Office Address 303 N. SCIENCE PARK RD STATE COLLEGE PA 16803		3. Date Formed or Registered 12/26/1996
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 01/30/1998
4. State or Country of Formation DE		5a. Capital Contributions as Shown on record. \$11,400,000.00		
6. FEI Number 25-1786511		5b. Amount of Capital Contributions in FLORIDA to date: \$11,400,000.		
7. Certificate of Status Desired <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable		8. Make check payable to: Dept. of State (See reverse side for fee information)		
9. Name and Address of Current Registered Agent				
CT CORPORATION SYSTEM C/O CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD PLANTATION FL 33324				
10. If changed, new Registered Agent/Office				
Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code				
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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number	
SHANER GP TWO, INC.	303 NORTH SCIENCE PAR	STATE COLLEGE PA 1680	F98000004596	
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 620, Florida Statutes.				
SIGNATURE DATE				
Typed or Printed Name of General Partner Signing Form Frederick J. Shaner, General Daytime Telephone Number 814-234-4460				
Partner, President				