## 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

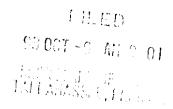
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

**DOCUMENT#** 

## B95000000026



OHN Q. HAMMONS HOTE	ONS HOTELS TWO, LIMITED PARTNERSHIP		P		
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 01/20/1995 3a. Date of Last Report 08/14/1998 4. State or Country of Formation	5a. Capital Contributions as Shown on record. \$0.00  5b. Amount of Capital Contributions in FLORIDA to date:	
2. Mailing Address Sulte, Apt. #, etc.	2a. Principal Office Address Suite, Apt. #, etc.	2a. Principal Office Address		\$0.00	
City & State	City & State			Applied For Not Applicable	
Zip Country	Zip	Zip Country		\$8.75 Additional Fee Required	
9. Name and Address of Cui	rent Registered Agent		10. If changed, new Registered	Agent/Office	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301		Name     Street Address (P.O. Box Number Is Not Acceptable   10/14/9801020007			
Qa. Pursuant to the provisions of sections 620.105 for the purpose of changing its registered office agent. I am familiar with, and accept the obligations (Registered Agent Accepting Appointment)	or registered agent, or both, in the State of F lions of section 620.192, Florida Statutes.	amed limited partners lorida. Such change	hip organized or registered under the laws of the was authorized by its general partner(s). I hereby	State of Florida, submits this statement y accept the appointment of registered	
A GENERAL PARTNER THA	AT IS A CORPORATION IST BE REGISTERED A	, LIMITED I	PARTNERSHIP OR OTHE WITH THIS OFFICE.	R BUSINESS ENTITY	
1. Name(s) of General Partner(s)	11a. Address of Each Ger (Do NOT Use Post Office	neral Partner	11b. City, State & Zip Code	11c. Registration/ Document Number	
JOHN Q. HAMMONS HOTELS, L.P. 300 HAMMONS PARKWA		NAY,	Springfield MO 65806	B9400000512	

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 hability 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

OHN D. HAMMONS

417-864-4300