No. <b>L 4713</b>		Due no later than Sep 30, 2009 Annual Report Form  1. Mailing Address: Correct in this box if needed.  ACCONGIO FAMILY LIMITED PARTNERSHIP JOSEPH L ACCONGIO 330 ANDIRON LANE ROCHESTER NY 14612 USA			2. Registered Agent and Address (NO PO BOX)			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				CT CORPORATION SYSTEM 1111 W JEFFERSON STE 530 BOISE ID 83702 USA  3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>14644</u> Registered Agent Signature.				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
GENERAL PARTNER S	STEFANIA L	ACCONGIO	2107 PROVIDENCE CR	ROCHESTER	NY	USA	14616	
5. Organized Under the Laws of:		6. Annual Report r	nust be signed.*					
ID L 4713		Signature: Joseph L Accongio Date: 10/30/2009						
		Name (type or p		Title: Partner				
Processed 10/30/2009 * Electronically provided signatures are accepted as original signatures.								