

**LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **A32409**

1. Entity Name

FIRST MANHATTAN CO. - LIMITED PARTNERSHIP

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
437 MADISON AVE.

Suite, Apt. #, etc.
NEW YORK, NY

City & State
NEW YORK, NY

Zip
10022

Country

3. Mailing Address
437 MADISON AVENUE

Suite, Apt. #, etc.
NEW YORK, NY

City & State
NEW YORK, NY

Zip
10022

Country

FILED

02 SEP -4 AM 8:52

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

MJH

DUE BY MAY 1

4. FEI Number
13-1957714

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature typed or printed name of registered agent and date if applicable

DATE

9. Capital Contributions
as Shown on record.

94,303

10. Amount of Capital Contributions
in FLORIDA to date.

16,599

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**FIRST MANHATTAN LLC
437 MADISON AVENUE
NEW YORK, NY 10022**

STREET ADDRESS

CITY-ST-ZIP

900007216069--1

-08/20/02--01014--015

*****6007.75 ****604.94**

#607.75

DOCUMENT #
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CITY-ST-ZIP

**FF \$604.94
OP. 2.81**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE:

Michael P. Helms

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE

CR2E003B (12/01)