

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

04 MAY 28 PM 1:06

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # A32409 1. Entity Name FIRST MANHATTAN CO. - LIMITED PARTNERSHIP					
Principal Place of Business 437 MADISON AVE. NEW YORK, NY 10022			Mailing Address 437 MADISON AVE. NEW YORK, NY 10022		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		03112004 Chg-LP CR2E003 (10/03)	
4. FEI Number 13-1957714				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$94,303.00		10. Amount of Capital Contributions in FLORIDA to date. 17,090			
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			13. ADDRESS CHANGES ONLY		
DOCUMENT #	M02000002197		STREET ADDRESS	437 Madison Avenue	
NAME	FIRST MANHATTAN LLC		CITY-ST-ZIP		
STREET ADDRESS	436 NADUSIB AVE.		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10022		CITY-ST-ZIP		
DOCUMENT #	GOTTESMAN, ROBERT W		STREET ADDRESS		
NAME	C/O 437 MADISON AVE.		CITY-ST-ZIP		
STREET ADDRESS	NEW YORK, NY 10022		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
DOCUMENT #	GROVEMAN, BERNARD C		STREET ADDRESS		
NAME	C/O 437 MADISON AVE.		CITY-ST-ZIP		
STREET ADDRESS	NEW YORK, NY 10022		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
DOCUMENT #	HELMICK, MICHAEL P		STREET ADDRESS		
NAME	C/O 437 MADISON AVE.		CITY-ST-ZIP		
STREET ADDRESS	NEW YORK, NY 10022		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
DOCUMENT #	JOSEPHSON, KEITH		STREET ADDRESS		
NAME	C/O 437 MADISON AVE.		CITY-ST-ZIP		
STREET ADDRESS	NEW YORK, NY 10022		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
DOCUMENT #	LOOMIS, JOHN R		STREET ADDRESS		
NAME	C/O 437 MADISON AVE.		CITY-ST-ZIP		
STREET ADDRESS	NEW YORK, NY 10022		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Michael P. Helmick</i> MICHAEL P. HELMICK			4/15/04		212-566-3154
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date</small>		<small>Daytime Phone #</small>

STABLE CHECK HERE