

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED

2005 APR 25 PM 12:23
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

04192005

Chg-LP

CR2E003 (10/03)

4. FEI Number

13-1957714

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record.

\$94,303.00

10. Amount of Capital Contributions
in FLORIDA to date.

11,085.00

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

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME GOTTESMAN, ROBERT W
STREET ADDRESS C/O 437 MADISON AVE.
CITY-ST-ZIP NEW YORK, NY 10022

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME GROVEMAN, BERNARD C
STREET ADDRESS C/O 437 MADISON AVE.
CITY-ST-ZIP NEW YORK, NY 10022

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME HELMICK, MICHAEL P
STREET ADDRESS C/O 437 MADISON AVE.
CITY-ST-ZIP NEW YORK, NY 10022

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME JOSEPHSON, KEITH
STREET ADDRESS C/O 437 MADISON AVE.
CITY-ST-ZIP NEW YORK, NY 10022

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME LOOMIS, JOHN R
STREET ADDRESS C/O 437 MADISON AVE.
CITY-ST-ZIP NEW YORK, NY 10022

STREET ADDRESS

CITY-ST-ZIP

700054351217
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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:

Cheryl M. Kallen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-21-05

Date

20-756-3/55

Daytime Phone #

STAPLE CHECK HERE