## 2006 LIMITED PARTNERSHIP ANNUAL REPORT

## **FILED**

| Due By May 1, 2006  |                                   |   |  | Apr 24, 2006 08:00                           |   |
|---|-----------------------------------|---|--|--|---|
|   | DOCUMENT # A32409  1. Entity Name |   |  |  | Secretary of State  |
|   | FIRST MA                          | ANHATTAN CO LIM   | IITED PARTNERSHIP  |  |   |
|   | Principal Place                   |   | Mailing Address<br>437 MADISON AVE.                          |  |   |
|   | NEW YORK, N                       |   | NEW YORK, NY 10022   |  | I PRESIDIT FRANCISSIAN TIRKA RITUKA RINGA KRITAR KRITA KARIF NIRKA NIRKA NINGA NIRKAN NIRKAKATI NA KRAN |
|   | <del></del>                       |   |  | <u>.                                    </u> |   |
|   | DO NOT WRITE IN THIS SPACE        |   |  |  | 04182006 No Chg-LP CR2E003 (11/05)  |
| DO NOT WRITE IN THIS SPA  |                                   |   |  | HUE  | 4. FEI Number         Applied For           13-1957714         Not Applicable                           |
|   | <u> </u>                          | d bt and fidence of                                     | Current Registered Agent                                     | <u></u>                                      | 5. Certificate of Status Desired See Required Fee Required  |
|   | C T COPP                          |   | Current Registered Agent                                     |  |   |
| CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 |                                   |   |  |  | DO NOT WRITE  |
|   | PLANIAII                          | ON, FL 33324  |  |  | IN THIS SPACE   |
|   |                                   | named entity submits this stations of registered agent. | ement for the purpose of changing its regi                   | stered office or register                    | red agent, or both, in the State of Florida. I am familiar with, and accept                             |
|   | SIGNATURE.                        | Signature, typed or printed name of regis               | tered agent and title if applicable                          | <u></u>                                      | QATE  |
|   |                                   |   | E NOW!!! FEE IS \$500.00<br>ay 1, 2006, Fee will be \$900.00 | )  |   |
|   |                                   | A GENERAL PAR   | THER THAT IS A BUSINESS ENTIT                                | Y MUST BE REGIS                              | TERED AND ACTIVE WITH THIS OFFICE.  nt must be filed to change a general partner.                       |
|   | 12.                               | GENERAL F   | PARTNER INFORMATION  |  |   |
|   | DOCUMENT #<br>NAME                | M02000002197<br>FIRST MANHATTAN LLC                     |  |  | U00000531934  |
|   | NAME<br>STREET ADDRESS            | 437 MADISON AVENUE                                      | ·  |  | 05/86/86-80062-020 500.00   |
| 1   | CITY-ST-ZIP                       | NEW YORK, NY 10022                                      | -11-14   |  |   |
|   | DOCUMENT #                        |   | 1  |  |   |
|   | NAME<br>Street Address            |   |  |  |   |
| 1   | CITY-ST-ZIP                       |   |  |  |   |
| į   | DOCUMENT #                        |   |  |  |   |
|   | NAME<br>STREET ADDRESS            |   |  | DO NOT WRITE                                 |   |
|   | CITY-SI-ZIP                       |   |  |  |   |
|   | DOCUMENT #                        |   | <u> </u>   |  | IN THIS SPACE   |
| į   | NAME<br>CYDLLT ADDRESS            |   |  |  |   |
|   | STREET ADDRESS<br>CITY-ST-ZIP     |   | ľ  |  |   |
| -   | DOCUMENT #                        |   |  |  |   |
|   | NAME                              |   | 1  |  |   |
| ļ   | STREET ADDRESS                    |   | l  |  |   |
| j   | CITY-ST-ZIP                       | }   |  |  |   |

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

STAPLE CHECK HERE

DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-18-06 212 756 3/55 , Date

Daytime Phone #