

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
May 02, 2007 08:00 AM
Secretary of State

DOCUMENT # A32409 1. Entity Name FIRST MANHATTAN CO. - LIMITED PARTNERSHIP	
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Principal Place of Business 437 MADISON AVE. NEW YORK, NY 10022	Mailing Address 437 MADISON AVE. NEW YORK, NY 10022
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DO NOT WRITE IN THIS SPACE



04172007 No Chg-LP CR2E003 (12/06)

4. FEE 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 C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324
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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 _____	U000000756423 05/23/07-80080-011 500.00
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FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00	
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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 #	M02000002197
NAME	FIRST MANHATTAN LLC
STREET ADDRESS	437 MADISON AVENUE
CITY ST ZIP	NEW YORK, NY 10022
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY ST ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY ST ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY ST ZIP	

DO NOT WRITE IN THIS SPACE

STAPLE CHECK HERE

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:  Cheryl M. Rallem 4/30/07 212-756-3155	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #
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