## 2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

## FILED May 01, 2008 08:00 AN Secretary of State

| DOC     | IM/     | IFN | JT  | #  | Α3   | 24 | ი9 |
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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



DO NOT WRITE IN THIS SPACE

4. FEI Number
13-1957714

5. Certificate of Status Desired

4. Applied For Not Applicable

5. Certificate of Status Desired

5. Required

Fee Required

6. Name and Address of Current Registered Agent

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

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

4-28-08

|   | named entity submits this statement for the purpose of changing its re-<br>tions of registered agent. | gistered office or registered agent, or both, in the State of Florida. I am familiar with, and accept |  |  |  |  |
|---|---|---|--|--|--|--|
| SIGNATURE   | Signature, typed or printed name of registered agent and little if applicable.                        | DATE  |  |  |  |  |
|   | FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00                                   |   |  |  |  |  |
| 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   |   |  |  |  |  |
| DOCUMENT /  | M02000002197  |   |  |  |  |  |
| NAME  | FIRST MANHATTAN LLC   |   |  |  |  |  |
| STREET ADDRESS  | 437 MADISON AVENUE  | U00000938707  |  |  |  |  |
| CITY-ST-ZIP   | NEW YORK, NY 10022  | 05/27/08-80101-014 500.00   |  |  |  |  |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP  |   |   |  |  |  |  |
| DOCUMENT #  |   |   |  |  |  |  |
| NAME  |   |   |  |  |  |  |
| STREET ADDRESS  |   | DO NOT WRITE  |  |  |  |  |
| CHY-ST-ZIP  |   | IN THIS SPACE   |  |  |  |  |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-7IP  |   | IN THIS SPACE   |  |  |  |  |
| DOCUMENT #  |   |   |  |  |  |  |
| NAME  |   |   |  |  |  |  |
| STREET ADDRESS  |   |   |  |  |  |  |
| CITY-ST-ZIP   |   |   |  |  |  |  |
| DOCUMENT #  |   | •   |  |  |  |  |
| NAME<br>CIDECT ADDRESS  |   | • • •   |  |  |  |  |
| STREET ADDRESS<br>CITY-ST-7IP   | , ·   |   |  |  |  |  |
| 14. I hereby certify that the information supplied with this filling 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 |   |   |  |  |  |  |