

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90188 013 ****50.00

DOCUMENT # M02000002197

1. Entity Name
FIRST MANHATTAN LLC



Principal Place of Business
**437 MADISON AVENUE
NEW YORK, NY 10022**

Mailing Address
**437 MADISON AVENUE
NEW YORK, NY 10022**



01062004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
82-0548916

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	GOTTESMAN, DAVID S
STREET ADDRESS	437 MADISON AVENUE
CITY-ST-ZIP	NEW YORK, NY 10022
TITLE	MGR
NAME	STEARNS, NEAL K
STREET ADDRESS	437 MADISON AVENUE
CITY-ST-ZIP	NEW YORK, NY 10022
TITLE	MGR
NAME	HELMICK, MICHAEL P
STREET ADDRESS	437 MADISON AVENUE
CITY-ST-ZIP	NEW YORK, NY 10022
TITLE	MGR
NAME	MANISCHEWITZ, DAVID M
STREET ADDRESS	437 MADISON AVENUE
CITY-ST-ZIP	NEW YORK, NY 10022
TITLE	MGR
NAME	GOTTESMAN, ROBERT W
STREET ADDRESS	437 MADISON AVENUE
CITY-ST-ZIP	NEW YORK, NY 10022
TITLE	MGR
NAME	ROSENTHAL, CHARLES M
STREET ADDRESS	437 MADISON AVENUE
CITY-ST-ZIP	NEW YORK, NY 10022

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IN THIS SPACE**

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Michael P Helmick* **MICHAEL P HELMICK**

3/10/04

212-756-3154

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #