

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90578 003 \*\*\*\*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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**82-0548916**

Applied For

Not Applicable

Zip

Country

Zip

Country

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**

7. Name and Address of New Registered Agent

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.

(NOTE: Registered Agent Signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**MGR  
GOTTESMAN, DAVID S  
437 MADISON AVENUE  
NEW YORK, NY 10022**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**MGR  
STEARNS, NEAL K  
437 MADISON AVENUE  
NEW YORK, NY 10022**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**MGR  
HELMICK, MICHAEL P  
437 MADISON AVENUE  
NEW YORK, NY 10022**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**MGR  
MANISCHEWITZ, DAVID M  
437 MADISON AVENUE  
NEW YORK, NY 10022**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**MGR  
GOTTESMAN, ROBERT W  
437 MADISON AVENUE  
NEW YORK, NY 10022**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**MGR  
ROSENTHAL, CHARLES M  
437 MADISON AVENUE  
NEW YORK, NY 10022**

☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
☐ Change ☐ Addition

TITLE  
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☐ Change ☐ Addition

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**

**4/17/03**

**212-758-3154**

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

Date

Daytime Phone #

CR2E083 (10/02)