

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

05-02-2003 90578 003 ****50.00

**2003 LIMITED LIABILITY COMPANY
 UNIFORM BUSINESS REPORT (UBR)**

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

Zip

Country

Zip

Country



CHECK HERE IF MAKING CHANGES

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

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-ST-ZIP	<input type="checkbox"/> Delete
MGR	GOTTESMAN, DAVID S	437 MADISON AVENUE	NEW YORK, NY 10022	<input type="checkbox"/>
MGR	STEARNS, NEAL K	437 MADISON AVENUE	NEW YORK, NY 10022	<input type="checkbox"/>
MGR	HELMICK, MICHAEL P	437 MADISON AVENUE	NEW YORK, NY 10022	<input type="checkbox"/>
MGR	MANISCHEWITZ, DAVID M	437 MADISON AVENUE	NEW YORK, NY 10022	<input type="checkbox"/>
MGR	GOTTESMAN, ROBERT W	437 MADISON AVENUE	NEW YORK, NY 10022	<input type="checkbox"/>
MGR	ROSENTHAL, CHARLES M	437 MADISON AVENUE	NEW YORK, NY 10022	<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 #

CFR2E083 (10/02)