2007 LIMITED PARTNERSHIP ANNUAL REPORT

FILED
May 03, 2007
Secretary of State

DOCUMENT# A06000000745

Entity Name: THE COMMUNITY BASED CARE PARTNERSHIP, LTD.

Current Principal Place of Business:

9064 N.W. 13TH TERRACE
DORAL, FL 33172

New Principal Place of Business:

Current Mailing Address:

9064 N.W. 13TH TERRACE
DORAL, FL 33172

New Mailing Address:

6950 COLUMBIA GATEWAY DRIVE
COLUMBIA, MD 21046

FEI Number: 20-5004961 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

GENERAL PARTNER INFORMATION:

Document #: F00000002581
Name: MAGELLAN BEHAVIORAL HEALTH OF FLORIDA, INC
Address: 6950 COLUMBIA GATEWAY DRIVE
City-St-Zip: COLUMBIA, MD 21046
Document #: N01000006569
Name: COMMUNITY BASED CARE OF SEMINOLE,INC.
Address: 605 CRESCENT EXECUTIVE COURT STE 428
City-St-Zip: LAKE MARY, FL 32746

ADDRESS CHANGES ONLY:

Address:
City-St-Zip:

Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MARK S. DEMILIO VP/T 05/03/2007

Electronic Signature of Signing General Partner — Date