

2009 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A06000000745

FILED
Apr 24, 2009
Secretary of State

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:

6950 COLUMBIA GATEWAY DRIVE
COLUMBIA, MD 21046

New Mailing Address:

FEI Number: 20-5004961

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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: DANIEL N. GREGOIRE

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04/24/2009

Electronic Signature of Signing General Partner

Date