2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# M03000003314

101 PARK WEST DR

SCOTT, LA 70583

Address:

City-St-Zip:

Entity Name: EMERALD CORRECTIONAL MANAGEMENT, L.L.C.

FILED Feb 21, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 400 TRAVIS STREET STE. 402 SHREVEPORT, LA 71101 **Current Mailing Address: New Mailing Address:** 400 TRAVIS STREET STE. 402 SHREVEPORT, LA 71101 FEI Number: 72-1362566 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CORPORATION SERVICE COMPANY REAL ESTATE LAW CENTER, PA 1201 HAYS STREET 815 MICCOSUKEE COMMONS DRIVE TALLAHASSEE, FL 323012525 US SUITE 102 TALLAHASSEE, FL 32308 US 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: OBED DORCEUS 02/21/2006 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGR () Delete Title: () Change () Addition LEE, CLAY Name: Name: Address: 400 TRAVIS STREET STE. 402 Address: City-St-Zip: SHREVEPORT, LA 71101 City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: HEBERT, GLENN Name: Address: 101 PARK WEST DR. Address: City-St-Zip: SCOTT, LA 70583 City-St-Zip: Title: MGR () Delete Title: () Change () Addition LEE, WILLIAM T Name: Name: Address: 2207 LIBERTY Address: City-St-Zip: MONROE, LA 71201 City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: LEMAIRE, RAYWOOD Name:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Address:

City-St-Zip:

SIGNATURE: CLAY LEE MR. 02/21/2006