2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2007
Secretary of State

DOCUMENT# M03000003314

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

Current Principal Place of Business:

400 TRAVIS STREET STE. 402
SHREVEPORT, LA 71101

New Principal Place of Business:

Current Mailing Address:

400 TRAVIS STREET STE. 402
SHREVEPORT, LA 71101

New Mailing Address:

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:

REAL ESTATE LAW CENTER, PA
815 MICCOSUKEE COMMONS DRIVE
SUITE 102
TALLAHASSEE, FL 32308 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

MANAGING MEMBERS/MANAGERS:

Title:	MGR	( ) Delete
Name:	LEE, CLAY	
Address:	400 TRAVIS STREET STE. 402	
City-St-Zip:	SHREVEPORT, LA 71101	
Title:	MGR	( ) Delete
Name:	HEBERT, GLENN	
Address:	101 PARK WEST DR.	
City-St-Zip:	SCOTT, LA 70583	
Title:	MGR	( ) Delete
Name:	LEE, WILLIAM T	
Address:	2207 LIBERTY	
City-St-Zip:	MONROE, LA 71201	
Title:	MGR	( ) Delete
Name:	LEMAIRE, RAYWOOD	
Address:	101 PARK WEST DR	
City-St-Zip:	SCOTT, LA 70583	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
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 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: CLAY LEE MR. 05/04/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date