


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # M00000002696 1. Entity Name CASTLE BERNE, LLC	
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Principal Place of Business 416 POLLOCK ST. P.O. BOX 889 NEW BERN, NC 28563	Mailing Address 416 POLLOCK ST. P.O. BOX 889 NEW BERN, NC 28563
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01102005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 56-2201915	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent BURPEE, JOHN 3325 66TH STREET NORTH ST PETERSBURG, FL 33710

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE, Registered Agent signature required when reinstating) DATE _____


**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HICKS, JIMMIE B JR P.O. BOX 889 NEW BERN, NC 28563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NOAH MCKIMMEY SEYMORE, III 3007 RIVER LANE BEW BERN, NC 28562
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WARREN, CALVIN G JR 4507 MONKS COURT NEW BERN, NC 28562
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CROW, KENNETH F 212 NYDEGG ROAD NEW BERN, NC 28562
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U000000190731
01/24/05-80148-003 50.00

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:  **1/15/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #