

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 06, 2007 08:00 AM
Secretary of State

DOCUMENT # M00000002696

1. Entity Name
CASTLE BERNE, LLC



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

DO NOT WRITE IN THIS SPACE



07022007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
56-2201915

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BURPEE, JOHN
12400 SEMINOLE BOULEVARD
SEMINOLE, FL 33778

**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 _____

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by September 14, 2007**

9. MANAGING MEMBERS/MANAGERS

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

U000000767339
07/06/07-80010-016 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Jimmie B. Hicks, Jr

7/2/07

252.633.3131

Day

Daytime Phone #