

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 17, 2008 08:00 A**  
**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



03132008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

**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

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U000000860488  
04/02/08-80064-024 138.75

**9. MANAGING MEMBERS/MANAGERS**

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

**DO NOT WRITE  
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

3/12/08

Date

252.633.3131

Daytime Phone #