

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M00000002696

**FILED**  
**Feb 03, 2011**  
**Secretary of State**

**Entity Name:** CASTLE BERNE, LLC

**Current Principal Place of Business:**

416 POLLOCK ST.  
NEW BERN, NC 28560

**New Principal Place of Business:**

**Current Mailing Address:**

416 POLLOCK ST.  
NEW BERN, NC 28560

**New Mailing Address:**

**FEI Number:** 56-2201915

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BURPEE, JOHN  
12400 SEMINOLE BOULEVARD  
SEMINOLE, FL 33778 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:** MGRM  
**Name:** HICKS, JIMMIE B JR  
**Address:** 416 POLLOCK STREET  
**City-St-Zip:** NEW BERN, NC 28560

**Title:** MGRM  
**Name:** NOAH MCKIMMEY SEYMORE, III  
**Address:** 3007 RIVER LANE  
**City-St-Zip:** BEW BERN, NC 28562

**Title:** MGRM  
**Name:** WARREN, CALVIN G JR  
**Address:** 4507 MONKS COURT  
**City-St-Zip:** NEW BERN, NC 28562

**Title:** MGRM  
**Name:** CROW, KENNETH F  
**Address:** 212 NYDEGG ROAD  
**City-St-Zip:** NEW BERN, NC 28562

I hereby 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:** JIMMIE B. HICKS, JR.

MGRM

02/03/2011

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