


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

**FILED
Mar 14, 2005 08:00 AM
Secretary of State**

DOCUMENT # L99000004219
1. Entity Name
TENSION MINEFIELD HOLDINGS, L.L.C.



Principal Place of Business: 146 LEVY ROAD, ATLANTIC BEACH, FL 32233
Mailing Address: 27 MAPLE RD., WARREN, RI 02885

DO NOT WRITE IN THIS SPACE



03102005No Chg-LLC CR2E083 (10/03)

4. FEI Number: 59-3587733
Applied For: Not Applicable
5. Certificate of Status Desired: \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
HALL, FREDRICK S
146 LEVY ROAD
ATLANTIC BEACH, FL 32233

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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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MEM
NAME	HALL, FREDRICK S
STREET ADDRESS	2254 BAREFOOT TRACE
CITY-ST-ZIP	ATLANTIC BEACH, FL 32233
TITLE	MGRM
NAME	BARKER, JOHN
STREET ADDRESS	27 MAPLE RD.
CITY-ST-ZIP	WARREN, RI 02885
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: J.R. Barker J. R. BARKER Date: 3/10/05 Daytime Phone #: 401-253-8600