2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 12, 2007 08:00 AM Secretary of State

DOCI	UMEN	JT#	L9900	000	0421	19

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

02062007 No Chg-LLC CR2E083 (11/05)

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

DO NOT WRITE IN THIS SPACE

	above named entity submits this statement for the purpose of cha obligations of registered agent.	anging its registered office or registered agent, or both, in the Si	ate of Florida. I am familiar with, and accept
SIGNA	TURE		
O(O) ()	Signature, typed or printed name of registered agent and sile if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
Filing Fee is \$50.00 Due by May 1, 2007			·
9.	MANAGING MEMBERS/MANAGERS		
TITLE	MEM		

9.	MANAGING MEMBERS/MANAGERS			
TITLE	MEM			
NAME	HALL, FREDRICK S			
STREET ADDRESS				
CITY-ST-ZIP	ATLANTIC BEACH, FL 32233			
IIILE	MGRM			
NAME	BARKER, JOHN			
STREET ADDRESS	27 MAPLE RD.			
CITY+ST-ZIP	WARREN, RI 02885			
TITLE				
NAME				
STREET ADDRESS				
CITY-S1-ZIP				
TITLE				
NAME				
STREET ADDRESS				
CITY-ST-ZIP	i . <u></u>			
TITLE				
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE				
NAME	· 			
STREET ADDRESS				
CITY-ST-ZIP	·			

U00000633535 02/21/07-80069-003 50,00

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:

1 1 mm

JOHN BARKER

2/6/0-

401-253-8600

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

Date

Daytime Phone #