2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M01000001266

1. Entity Name COPPERFIELD ASSOCIATES LLC

Principal Place of Business

Mailing Address

31731 NORTHWESTERN HWY, STE 250 W FARMINGTON HILLS, MI 48334 31731 NORTHWESTERN HWY, STE 250 W FARMINGTON HILLS, MI 48334

FILED May 04, 2004 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

CR2E083 (10/03)

4. FE! Number 38-3244129

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LUPTAK, PAOLA M 4700 NW BOCA RATON BLVD., 4TH FLOOR BOCA RATON, FL 33431

DO NOT WRITE IN THIS SPACE

8. The above the obligat	e named entity submits this statement for the purpose of char tions of registered agent	nging its registered office or registered agent, or bo	th, in the State of Florida I am familiar with, and accept
SIGNATURE.	Signature typed or printed name of registered agent and fille if applicable		
	Signature typed or printed name of registered agent and life if applicable	(NOTE Registered Agent signature required when reinstating)	DATE
F D	iling Fee is \$50.00 ue by May 1, 2004		
9	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CHY-ST-ZIP	MGR OAKLAND MANAGEMENT CORP. 31731 NORTHWESTERN HWY, STE 250 W FARMINGTON HILLS, MI 48334		000000155287 05/05/04-80031-010 50.00
NAME STREET ADDRESS CITY-ST ZIP			
MILE NAME STREET ADDRESS CITY-ST ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN .	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST ZIP			
TITLE		· -	

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 if am a managing member or manager of the limited flability company or the receiver or trustee empowered to execute this report as required by Chapter 608. Florida Statutes.

SIGNATURE:

NAME STREET ADDRESS

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

Maurice I Boznos

Dayture Prione #