

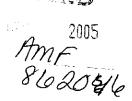
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Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005 Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TY	PED OR PRINTED IN B	LACK)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
I. ID No.	2. Exact name of the t	Exact name of the limited liabilty company						
128700	Tucker Commercial Lease Funding, L.L.C.							
3. State of Formation			e business which is actually conducted	in Rhode Island				
DELAWARE	COMMERCI	AL LEASING						
5. Principal office add			City State Zip					
555 CALIFORN	IA STREET		SAN FRANCISCO	CA	94104-			
6. MAILING ADI	DRESS OF LIMITE	LIABILITY COMPA	ANY AND NAME OR TITLE	OF CONTACT PEI	RSON:			
Contact Name			Contact Title					
CHRISTINE M	COSTAMAGNA		•					
Street Address			City	State	Zip			
NC1-021-02-20	); 401 N TRYON	ST	. CHARLOTTE	ИC	28255			
7. NAME AND AL	DRESS OF EACH	MANAGER OF THE	LIMITED LIABILITY COMP	ANY, IF APPLICA	<b>VBCE</b>			
	FILL IN	SPACES BEFORE ÚSINO	3 ATTACHMENTS ("X" BOX FO	OR ATTACHMENT) 🛚				
	ANY MODIFICATION	S TO MANAGERS REQU	IRES FILING OF AMENDMENT. R	.l.G.L 7-16-12 (a) (2) /	7-16-52			
Manager Name			• Manager Name	• Manager Name				
BANC OF AMERI	CA LEASING & C	APITAL, LLC	ANDREW L STIDD					
Street Address	NC4 034 03	20	• Street Address					
	NC1-021-02- 401 N TRYO		NC1-021-02-20					
City CHARLOTTE NC 28255		**************************************						
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Manager Name			Manager Name	'	• • • • • • • • • • • • • • • • • • • •			
BERNARD J AN	GELO	}	•					
Street Address			•Street Address					
			•		_			
City	State	Zip	·Citv	State	Zip			
	1		•					
<b>8. RESIDENT AGE</b> 4g <i>ent Name</i>	NT IN RHODE ISLAN	ID -DO NOT ALTER- CH	nanges require filing of Fo	rm 642 - R.I.G.L. 7-	16-11			
CT CORPORATI	ONCYCTEM		Address					
	ON SYSTEM	<u></u>	10 WEYBOSSET ST	REET				
Address			City	Zi				
			PROVIDENCE	0	2903-			
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				8 20 To				

This report must be signed in ink by an authorized person pursuant to 7-16-66.



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FOR SECRETAR	Y OF STATE USE ONLY
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Under penalty of perjury, I declare and affirm that I have examine
this report, including any accompanying schedules and statements
and that all statements contained herein are true and correct.

Signature of Authorized Person Date

SUSAN D MAYS

Print or Type Name of Authorized Person