



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

SF0257

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 TYPED OR PRINTED IN BLACK)

1. ID No. 128700		2. Exact name of the limited liability company Tucker Commercial Lease Funding, L.L.C.	
3. State of Formation DELAWARE		4. Brief description of the character of the business which is actually conducted in Rhode Island COMMERCIAL LEASING	
5. Principal office address 555 CALIFORNIA STREET		City SAN FRANCISCO	State CA
		Zip 94104-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name CHRISTINE M COSTAMAGNA		Contact Title	
Street Address NC1-021-02-20; 401 N TRYON ST		City CHARLOTTE	State NC
		Zip 28255	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name BANC OF AMERICA LEASING & CAPITAL, LLC		Manager Name ANDREW L STIDD	
Street Address NC1-021-02-20 401 N TRYON ST CHARLOTTE NC 28255		Street Address NC1-021-02-20 401 N TRYON ST CHARLOTTE NC 28255	
City CHARLOTTE NC 28255		City CHARLOTTE NC 28255	
Manager Name BERNARD J ANGELO		Manager Name	
Street Address		Street Address	
City		City	
State		State	
Zip		Zip	
8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name CT CORPORATION SYSTEM		Address 10 WEYBOSSET STREET	
Address		City PROVIDENCE	Zip 02903-

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



1 2 8 7 0 0

\*128700 FLLC 01/25/05 11:37:31 AM\*

File Date 6-1-05

Check No. \_\_\_\_\_

By \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Susan D. Mays 1-28-05  
Signature of Authorized Person Date  
SUSAN D MAYS  
Print or Type Name of Authorized Person