



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

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 2004**

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 ST		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 vp; ASSISTANT COROPRATE SECRETARY II	
Street Address 555 CALIFORNIA ST; 8th FLOOR		City SAN FRANCISCO	State CA
		Zip 94104	
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 BERNARD J. ANGELO		*Manager Name DOUGLAS H. BOWERS	
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 	State 	City 	State 
Manager Name ANTHONY M. HAGEN		*Manager Name ROBERT A. KEYES, JR	
Street Address 		*Street Address 	
City 	State 	City 	State 
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 08/30/04 01:10:25 PM*
File Date 10/18/04
Check No. 6174527
By: DA
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.

Signature of Authorized Person: Greg S. Mroz Date: 9/2/04  
 GREG S. MROZ Sr. V.P.  
 Print or Type Name of Authorized Person