



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

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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003

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 DE		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, Asst. Corporate Sec. 2	
Street Address 555 California St; 6 th 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 (MAX 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		Street Address	
City	State	Zip	City
Manager Name Anthony M. Hagen		Manager Name Robert A. Reyes, Jr	
Street Address		Street Address	
City	State	Zip	City
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		Address 10 Weybosset St.	
Address		City Providence	Zip 02903

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

File Date	10/18/04
Check No.	6222341
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.

Greg S. Mroz 10-5-04
Signature of Authorized Person Date
Greg S. Mroz Sr. V.P.
Print or Type Name of Authorized Person