2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000003260

Entity Name: TUCKER COMMERCIAL LEASE FUNDING, LLC

FILED Jan 05, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 555 CALIFORNIA ST., 4TH FLOOR 555 CALIFORNIA ST SAN FRANCISCO, CÁ 94104 SAN FRANCISCO, CA 94104 **Current Mailing Address: New Mailing Address:** 401 N TRYON ST NC1-021-02-20 CHARLOTTE, NC 28255 FEI Number: 45-0492229 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES: Title: () Change () Addition () Delete HAGEN, ANTHONY Name: Name: 401 N TRYON ST; NC1-021-02-20 Address: Address: City-St-Zip: CHARLOTTE, NC 28255 City-St-Zip: Title: MGR () Delete Title: (X) Change () Addition MGR BANDA, JOHN M Name: ANGELO, BERNARD J Name: Address: 401 N TRYON ST: NC1-021-02-20 Address: 401 N TRYON ST: NC1-021-02-20 City-St-Zip: CHARLOTTE, NC 28255 City-St-Zip: CHARLOTTE, NC 28255 Title: MGR () Delete Title: () Change () Addition SMITH, DUANE L Name: Name: 401 N TRYON ST; NC1-021-02-20 Address: Address: City-St-Zip: CHARLOTTE, NC 28255 City-St-Zip: (X) Change () Addition Title: MGR () Delete Title: MGR Name: CONSTAMAGNA, CHRISTINE M Name: BOWERS, DOUGLAS H 401 N TRYON ST; NC1-021-02-20 Address: Address: 401 N TRYON ST; NC1-021-02-20 City-St-Zip: CHARLOTTE, NC 28255 City-St-Zip: CHARLOTTE, NC 28255 Title: MGR () Delete Title: MGR (X) Change () Addition KEYES, ROBERT KEYES, ROBERT A JR Name: Name: 401 N TRYON ST; NC1-021-02-20 401 N TRYON ST; NC1-021-02-20 Address: Address: City-St-Zip: CHARLOTTE, NC 28255 City-St-Zip: CHARLOTTE, NC 28255 Title: () Delete Title: () Change (X) Addition STIDD, ANDREW L Name: Name: Address: Address: NC1-021-02-20; 401 N TRYON ST CHARLOTTE, NC 28255 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DUANE L SMITH MGR 01/05/2005