

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 12, 2003 8:00 am**  
**Secretary of State**

03-12-2003 90013 050 \*\*\*\*50.00

DOCUMENT # M02000003260

1. Entity Name

TUCKER COMMERCIAL LEASE FUNDING, LLC



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

555 CALIFORNIA ST

Suite, Apt. #, etc.

4TH FLOOR

City & State

SAN FRANCISCO, CA

Zip

94104

Country

USA

3. Mailing Address

2059 NORTHLAKE PKWY

Suite, Apt. #, etc.

4TH FL. SOUTH

City & State

TUCKER, GA

Zip

30084

Country

USA

4. FEI Number

45-0492229

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

CT CORPORATION

Street Address (P.O. Box Number is Not Acceptable)

1200 SOUTH PINE ISLAND ROAD

City

PLANTATION

FL

Zip Code

33324

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

**FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT ANTHONY M. HAGEN 2059 NORTHLAKE PKWY TUCKER GA 30084
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MANAGING DIRECTOR JOEL R. EMMETT 2059 NORTHLAKE PKWY TUCKER GA 30084
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRINCIPAL W. DAVID OSTER 2059 NORTHLAKE PKWY TUCKER GA 30084
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SECRETARY CHRISTINE M. COSTAMAGNA 555 CALIFORNIA SAN FRANCISCO, CA 94104
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TREASURER ROBERT A. KEYES 555 CALIFORNIA SAN FRANCISCO, CA 94104
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify 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 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:

W. David Oster

W. DAVID OSTER

3/4/2003

770-270-8434

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/02)