

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 07, 2007 8:00 am
Secretary of State

06-07-2007 90197 012 ***550.00

DOCUMENT # M05000005616

1. Entity Name
SUNGARD FINANCIAL SYSTEMS LLC



Principal Place of Business Mailing Address
601 SECOND AVENUE SOUTH HOPKINS MN 55343 **601 SECOND AVENUE SOUTH HOPKINS MN 55343**

60051622



2. Principal Place of Business - No P.O. Box #
601 SECOND AVENUE SOUTH

3. Mailing Address
601 SECOND AVENUE SOUTH

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State
HOPKINS, MN

City & State
HOPKINS, MN

Zip
55343

Country
USA

Zip
55343

Country
USA

1st MOORE CR2E083 (10/06)

4. FEI Number
23-2585361

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 _____ (NOTE: Registered Agent signature required when furnishing)
Signature, typed or printed name of registered agent and title if applicable. DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BIRDWELL, DON 104 INVERNESS CENTER PLACE BIRMINGHAM AL 35242 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MURPHY, GAARD 3 VAN DE CRAAFF DR BURLINGTON MA 01803 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM RUANE, MICHAEL J 680 E. SWEDSFORD ROAD WAYNE PA 19087 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM THORSEN, MARC 601 2ND AVE SW HOPKINS MN 55343 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: _____ **5/24/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #