


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 05, 2007 08:00 AM
Secretary of State

DOCUMENT # M05000005629
 1. Entity Name
 SUNGARD TRUST SYSTEMS LLC



Principal Place of Business Mailing Address
 5510 77 CENTER DRIVE 5510 77 CENTER DRIVE
 CHARLOTTE, NC 28217 CHARLOTTE, NC 28217

DO NOT WRITE IN THIS SPACE



02272007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 23-2139612	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

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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 rehashing) DATE _____

Filing Fee is \$50.00 Due by May 1, 2007

U00000655215
 03/13/07-80099-001 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BIRDWELL, DONALD W 104 INVERNESS CENTER PLACE, SUITE 325 BIRMINGHAM, AL 35242
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SILBEY, VICTORIA 680 E. SWEDESFORD ROAD WAYNE, PA 19087
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR RUANE, MICHAEL J 680 E. SWEDESFORD ROAD WAYNE, PA 19087
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *Lorna Bateman* LORNA BATEMAN, FINANCIAL ANALYST 02-28-2007 704/561-8295

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #