


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Jan 12, 2006 08:00 AM
Secretary of State**

DOCUMENT # M05000005028 1. Entity Name SUNGARD TECHNOLOGY SERVICES LLC	
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Principal Place of Business 680 E. SWEDES FORD ROAD WAYNE, PA 19087	Mailing Address 680 E. SWEDES FORD ROAD WAYNE, PA 19087
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01062006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 23-2579118	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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. (NOTE: Registered Agent signature required when rechartering)

11000000382763
01/12/06-80027-001 50.00
DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SIMMONS, JAMES C 680 E. SWEDES FORD ROAD WAYNE, PA 19087
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GROSS, LAWRENCE A 680 E. SWEDES FORD ROAD WAYNE, PA 19087
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RUANE, MICHAEL J 680 E. SWEDES FORD ROAD WAYNE, PA 19087
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: Michael J. Ruane **Michael J. Ruane Mgr** 1/6/06 (484) 582-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #