

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 03, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # M05000005238**

1. Entity Name

**SUNGARD BUSINESS SYSTEMS LLC**



Principal Place of Business

**104 INVERNESS CENTER PLACE  
BIRMINGHAM, AL 35242**

Mailing Address

**104 INVERNESS CENTER PLACE  
BIRMINGHAM, AL 35242**



01252006 No Chg-LLC

CRZE083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FE Number

**59-1086117**

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**

**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 reappointing)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	BRONSTEIN, ANDREW P
STREET ADDRESS	680 E. SWEDES FORD ROAD
CITY- ST- ZIP	WAYNE, PA 19087
TITLE	MGR
NAME	GROSS, LAWRENCE A
STREET ADDRESS	680 E. SWEDES FORD ROAD
CITY- ST- ZIP	WAYNE, PA 19087
TITLE	MGR
NAME	RUANE, MICHAEL J
STREET ADDRESS	680 E. SWEDES FORD ROAD
CITY- ST- ZIP	WAYNE, PA 19087
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

000000417909  
02/13/06-80074-024 50.00

**DO NOT WRITE  
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:**

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

Date

Daytime Phone #