2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State
05-01-2006 90035 041 ****50.00

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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

01182006 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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

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

Filing Fee is $50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	~~BRONSTEIN, ANDREW P~~ ~~[illegible]~~ DOU BIRDWELL
STREET ADDRESS	~~680 E. SWEDESFORD ROAD~~ 104 INVERNESS CENTER
CITY-ST-ZIP	~~WAYNE, PA 19087~~ BIRMINGHAM, AL 35242 PLAZA
TITLE	MGRM
NAME	~~GROSS, LAWRENCE A~~ GERARD MURPHY
STREET ADDRESS	~~680 E. SWEDESFORD ROAD~~ 3 VAN DE GRAAFF DR
CITY-ST-ZIP	~~WAYNE, PA 19087~~ BURLINGTON, MA 01803
TITLE	MGRM
NAME	RUANE, MICHAEL J
STREET ADDRESS	680 E. SWEDESFORD ROAD
CITY-ST-ZIP	WAYNE, PA 19087
TITLE	MGRM
NAME	MARC THORSEN
STREET ADDRESS	601 2ND AVE SO
CITY-ST-ZIP	HOPKINS, MN 55343
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: M. [illegible] Marc R. Thorsen 4/11/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #