

**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 5510 77 CENTER DRIVE CHARLOTTE, NC 28217	Mailing Address 5510 77 CENTER DRIVE CHARLOTTE, NC 28217



02272007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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	DO NOT WRITE IN THIS SPACE
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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 rehashing) DATE

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

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03/13/07-80039-001 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. 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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: *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 #