2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

5/6/20

FILED
Jun 07, 2004 8:00 am
Secretary of State

05-06-2004 90001 041 ****50.00

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1. Entity Name
CALPINE AUBURNDALE HOLDINGS, LLC

34008179

Principal Place of Business	Mailing Address
50 WEST SAN FERNANDO STREET SAN JOSE, CA 95113	50 WEST SAN FERNANDO STREET SAN JOSE, CA 95113

04222004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
50 W. San Fernando St.	50 W. San Fernando St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: San Jose, CA 95113	City & State: San Jose, CA 95113
Zip: — Country: Santa Clara	Zip: Country: Santa Clara

4. FEI Number 77-0547002 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CALPINE CORPORATION 50 WEST SAN FERNANDO STREET SAN JOSE, CA 95113	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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] Gustavo Grunbaum, Assistant Secretary 4/22/2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #