


FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership		1a. DOCUMENT # A32451	
AUBURNDALE POWER PARTNERS, LIMITED PARTNERSHIP			
Mailing Address 18101 VON KARMAN AVE., SUITE 1700 IRVINE CA 92715-1007		Principal Office Address 18101 VON KARMAN AVE., SUITE 1700 IRVINE CA 92715-1007	
2. Mailing Address		2a. Principal Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip Country		Zip Country	

FILED

98 DEC 17 PM 2:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



3. Date Formed or Registered 01/13/1992		5a. Capital Contributions as Shown on record. \$250,000.00
3a. Date of Last Report 12/22/1997		
4. State or Country of Formation DE		5b. Amount of Capital Contributions in FLORIDA to date: \$250,000.00+
6. FEI Number 33-0509986		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required
8. Make check payable to: Dept. of State (See reverse side for fee information)		

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
---	--

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s) EL DORADO ENERGY COMPANY CALPINE AUBURNDAL, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 12500 FAIR LAKES CIRC 50 WEST SAN FERNANDO	11b. City, State & Zip Code FAIRFAX VA 22033 SAN JOSE CA 95113	11c. Registration/ Document Number P32772 F97000002649
---	---	---	---

000002722490--6
-12/24/98--01034--001
****526.25 ****526.25
AL DEC 22 1998

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

Beverly L. Franer

Vice President

DATE

12/16/98

Typed or Printed Name of General Partner Signing Form

El Dorado Energy Company

Daytime Telephone Number

703-222-0445

CR2E003 (8/98)