

# 2002 UNIFORM BUSINESS REPORT (UBR)

0020612 AB

DOCUMENT # **A32451**

1. Entity Name

**AUBURNDALE POWER PARTNERS, LIMITED PARTNERSHIP**

**FILED**

**2002 APR 16 AM 9:49**

**DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA**

Principal Place of Business

**C/O CALPINE CORPORATION  
50 WEST SAN FERNANDO STREET  
SAN JOSE CA 95113**

Mailing Address

**C/O CALPINE CORPORATION  
50 WEST SAN FERNANDO STREET  
SAN JOSE CA 95113**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**DUE BY MAY 1, 2002**

Zip

Country

Zip

Country

4. FEI Number

**33-0509986**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NRAI SERVICES, INC.  
526 EAST PARK AVE.  
TALLAHASSEE FL 32301**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions as Shown on record.

**\$43,377,179.00**

10. Amount of Capital Contributions in FLORIDA to date.

**526.25**

11. **MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **F97000002649**  
NAME **CALPINE AUBURNDAL, INC.**  
STREET ADDRESS **50 WEST SAN FERNANDO STREET**  
CITY-ST-ZIP **SAN JOSE CA 95113**

STREET ADDRESS

CITY-ST-ZIP

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**100005309481-8**  
**-04/19/02--01067--015**  
**\*\*\*2708.75 \*\*\*\*526.25**

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

**ROSENBERG**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**USA M. RODENSTEINER 4/11/02 408.995-5115**

Date

Daytime Phone #

CR2E003 (9/01)