

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A32451**1. Entity Name  
**AUBURNDALE POWER PARTNERS, LIMITED PARTNERSHIP**

FILED

03 MAY -9 PM 4:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDAPrincipal 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.

DUE BY MAY 1, 2003

City &amp; State

City &amp; State

4. FEI Number **33-0509986**

Applied For

Not Applicable

Zip

Country

Zip

Country

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. I am familiar with, and accept the obligations of registered agent.

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. **4,985,218.32**11. MAKE CHECK PAYABLE TO FL. 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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STREET ADDRESS

CITY-ST-ZIP

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:

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/2/03

Date

408-794-2575

Daytime Phone #



CORPORATION SERVICE COMPANY™

# A32451

ACCOUNT NO. : 072100000032

REFERENCE : 087555 4379392

AUTHORIZATION :

*Patricia Pigato*

COST LIMIT : \$ ~~926.35~~

FILED  
03 MAY -9 PM 4:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ORDER DATE : May 8, 2003

ORDER TIME : 12:11 PM

ORDER NO. : 087555-005

CUSTOMER NO: 4379392

CUSTOMER: Linda De La Cerda  
Calpine Corporation  
6th Floor  
50 West San Fernando  
San Jose, CA 95113

526.25

RECEIVED  
03 MAY -9 PM 3:35  
DIVISION OF CORPORATION

ANNUAL REPORT FILING

*RL*

NAME: AUBURNDALE POWER PARTNERS,  
LIMITED PARTNERSHIP

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
              CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea - Ext. 1114

EXAMINER'S INITIALS: \_\_\_\_\_