## 2005 LIMITED LIABILITY COMPANY

## **ANNUAL REPORT**

DOCUMENT # M01000000971 1. Entity Name CALPINE SENERATING COMPANY, LLC



**FILED** May 06, 2005 08:00 AM Secretary of State

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



## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

04252005 No Chg-LLC CR2E083 (10/03) 4. FEI Number Applied For

77-0555128 Not Applicable 

5. Certificate of Status Desired

\$5.00 Additional Fee Required

CORPORATION SERVICE COMPANY

## DO NOT WRITE

TALLAHASSEE, FL 32301-2525		IN .	IN THIS SPACE	
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 [NOT		(NOTE Registered Agent signature required when reinstating)	OTE Registered Agent signature required when reinstating)  DATE	
Filing Fee is \$50.00 Due by May 1, 2005		U00000364376 05/06/05-80040-005 50.00		
9.	MANAĞINĞ MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CALPINE CCFC II HOLDINGS, INC. 50 WEST SAN FERNANDO STREET SAN JOSE, CA 95113		<del></del>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-SY-ZIP		DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN '	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
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: Yanira Wong SIGNATURE AND T ped on printed name of signing managing member, or authorized representative 4/28/05

Daytime Phone #