

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

06 SEP 29 AM 8:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900080313709



DOCUMENT # M01000000971					
1. Entity Name CALPINE GENERATING COMPANY, LLC					
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			
Zip	Country	Zip	Country	4. FEI Number 77-0555128	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$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, principal agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE		Laura R. Dunlap as its agent		DATE 9/20/06	
Signature, typed or printed name of registered agent and title, if applicable.		(NOTE: Registered Agent signature required when resigning)		DATE	
Filing Fee is \$50.00 Due by September 15, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CALPINE CCFC II HOLDINGS, INC. 50 WEST SAN FERNANDO STREET SAN JOSE, CA 95113	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Calpine Calgen Holdings, Inc. c/o Calpine Corporation, 50 W. San Fernando St. San Jose, Ca 95113	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
REINSTATEMENT 2006					
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 606, Florida Statutes.					
SIGNATURE:		Christopher Jaap, Assistant Secretary		9/11/2006 (408)995-5115	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	



CORPORATION SERVICE COMPANY

M01000000971

ACCOUNT NO. : 072100000032

REFERENCE : 490058 4379392

AUTHORIZATION :

COST LIMIT : \$ 150.00

FILED
06 SEP 29 AM 8:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : September 28, 2006

ORDER TIME : 10:52 PM

ORDER NO. : 490058-095

CUSTOMER NO: 4379392

BK

REINSTATEMENT

NAME: CALPINE GENERATING COMPANY,
LLC

RECEIVED
06 SEP 29 PM 3:00
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea

EXAMINER'S INITIALS _____