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2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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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

FILED May 23, 2007 08:00 A Secretary of State



05032007 No Chg-LLC

CR2E083 (11/05)

4.	FEI Number
	77-0555128

Applied For Not Applicable

Certificate of Status Desired

\$5.00 Additional Fee Required

•	Name and					
ο.	Name and	Addies2	OL CRILEL	i Re	yışterev	Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

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	bove named entity submits this statement for the purpose of chabligations of registered agent.	anging its registered office or registered agent, or both, in the	State of Florida. I am familiar with, and accept	
SIGNATI	IRF			
Signature, typed or printed name of registered agent and title if applicable		(NOTE Registered Agent signature required when reinstating)	DATE	
, D	Filing Fee Is \$50.00 ue by September 14, 2007			
9.	MANAGING MEMBERS/MANAGERS			
TITLE	MGRM		•	
****	CALIDINE CALIDENIA DINOC INC	1		

CALPINE CALGEN HOLDINGS, INC. STREET ADDRESS 50 WEST SAN FERNANDO STREET CITY-ST-ZIP SAN JOSE, CA 95113 NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

U00000765301 O5/31/07-80032-022 50.00

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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 608, Florida Statutes.

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CITY-ST-ZIP

CAST

Christopher Jaap

5/11/2007

(408)995-5115

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #