## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## 06 SEP 29 AM 8: 3n DOCUMENT # M01000000972 1. Entity Name SECRETARY OF STATE CALGEN EXPANSION COMPANY, LLC TALLAHASSEE, ELORIDA Principal Place of Business Mailing Address 700080313647 C/O CALPINE CORPORATION C/O CALPINE CORPORATION **50 WEST SAN FERNANDO STREET 50 WEST SAN FERNANDO STREET** SAN JOSE, CA 95113 SAN JOSE, CA 95113 2. Principal Place of Business. 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 09142006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For 77-0566178 Not Applicable Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET **TALLAHASSEE, FL 32301-2525** City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered and the obligations of registered and the r the obligations of registered agent. as its agent 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 MGRM TITLE ☑ Change ☐ Addition TITLE Detete Calpine Generating Company, LLC c/o Calpine Corporation, 50 W. San Fernando St. San Jose, Ca 95113 CALPINE CONSTRUCTION FINANCE CO. II. LLC NAME NAME 50 WEST SAN FERNANDO STREET STREET ADDRESS STREET ADORESS CITY-ST-ZIP **SAN JOSE, CA 95113** CITY-ST-ZIP Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BILE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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. Christopher Jaap, Assistant Secretary 9/11/2006 (408)995-5115 SIGNATURE:

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

FILED

Daytime Phone #

ON SERVICE COMPANY.	
ACCOUNT NO. : 072100000032	
REFERENCE : 490058 437939	12 SECTION OF SECTION
AUTHORIZATION :	P 29
COST LIMIT : \$ 150.00	SSE E
ORDER DATE : September 28, 2006	E STATE OF S
ORDER TIME: 10:51 PM	7
ORDER NO. : 490058-085	
CUSTOMER NO: 4379392	
REINSTATEMENT  NAME: CALGEN EXPANSION COMPANY, LLC	RECEIVED  06 SEP 29 PM 2: 59  DEF OF STATE OF STATE OF STATE OF SUPPORATIONS
XX REINSTATEMENT	
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	
CERTIFIED COPY  XX PLAIN STAMPED COPY  CERTIFICATE OF GOOD STANDING	

EXAMINER'S INITIALS \_\_\_\_\_.

CONTACT PERSON: Sara Lea