

**2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# M01000001290

**FILED  
Apr 24, 2009  
Secretary of State****Entity Name:** AUBURNDALE PEAKER ENERGY CENTER, LLC**Current Principal Place of Business:**C/O CALPINE CORPORATION  
50 WEST SAN FERNANDO ST.  
SAN JOSE, CA 95113**New Principal Place of Business:**C/O CALPINE CORPORATION  
717 TEXAS AVENUE, SUITE 1000  
HOUSTON, TX 77002**Current Mailing Address:**C/O CALPINE CORPORATION  
50 WEST SAN FERNANDO ST.  
SAN JOSE, CA 95113**New Mailing Address:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525

FEI Number: 77-0575632

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGME ( ) Delete  
Name: CALPINE AUBURNDALE HOLDINGS, LLC  
Address: C/O CALPINE CORP., 50 W. SAN FERNANDO ST.  
City-St-Zip: SAN JOSE, CA 95113

**ADDITIONS/CHANGES:**

Title: MGME (X) Change ( ) Addition  
Name: CALPINE AUBURNDALE HOLDINGS, LLC  
Address: C/O CALPINE CORP. 717 TEXAS AVE, SUITE 1000  
City-St-Zip: HOUSTON, TX 77002

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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:** ZAMIR RAUF

CFO

04/24/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date