2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 06, 2004 8:00 am
Secretary of State
05-06-2004 90001 037 ****50.00

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04222004 Chg-LLC CR2E083 (10/03)

DOCUMENT # M03000002249

1. Entity Name
AUBURNDALE LP, LLC

Principal Place of Business	Mailing Address
C/O CALPINE CORPORATION 50 W. SAN FERNANDO STREET SAN JOSE, CA 95113	C/O CALPINE CORPORATION 50 W. SAN FERNANDO STREET SAN JOSE, CA 95113

2. Principal Place of Business	3. Mailing Address
50 W. San Fernando St.	50 W. San Fernando St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: San Jose, Ca	City & State: San Jose, Ca
Zip: 95113 Country: Santa Clara	Zip: 95113 Country: Santa Clara

4. FEI Number APPLIED FOR 77-0605851 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	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 or registered agent, or both, in the State of Florida. I am familiar with, and acc the obligations of registered agent.

SIGNATURE ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AUBURNDALE HOLDINGS, LLC 50 W. SAN FERNANDO STREET SAN JOSE, CA 95113	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Ad
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Ad

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 informati 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: Gustavo Grunbaum, Assistant Secretary 4/22/2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #