

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

06 SEP 29 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M03000002824	
1. Entity Name CALPINE AUBURNDALDE HOLDINGS, LLC	

Principal Place of Business 50 WEST SAN FERNANDO STREET SAN JOSE, CA 95113 US	Mailing Address 50 WEST SAN FERNANDO STREET SAN JOSE, CA 95113 US
---	---

400080313674

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



09142006 Chg-LLC CR2E083 (11/05)

4. FEI Number 77-0547002		Applied For <input type="checkbox"/> 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 or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE <i>Laura R. Dunlap</i> Signature, typed or printed name of registered agent and title if applicable.	Laura R. Dunlap as its agent DATE 9/29/06 (NOTE: Registered Agent signature required when reinstating)

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 CORPORATION 50 WEST SAN FERNANDO STREET SAN JOSE, CA 95113 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Calpine Power Company 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 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
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
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
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 608, Florida Statutes.	
SIGNATURE: <i>Christopher Jaap</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Christopher Jaap, Assistant Secretary 9/11/2006 (408)995-5115 Date Daytime Phone #



CORPORATION SERVICE COMPANY

M03000002824

ACCOUNT NO. : 072100000032

REFERENCE : 490058 4379392

AUTHORIZATION :

COST LIMIT :

150.00

ORDER DATE : September 28, 2006

ORDER TIME : 10:52 PM

ORDER NO. : 490058-090

CUSTOMER NO: 4379392

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

REINSTATEMENT

NAME: CALPINE AUBURNDAL HOLDINGS,
LLC

RECEIVED
06 SEP 29 PM 2:59
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 _____