


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**

07 MAY -9 PM 1:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

500101937585



DOCUMENT # M99000001794					
1. Entity Name <del>POWER SYSTEMS MFG., LLC</del> Calpine Jupiter, LLC					
Principal Place of Business 50 W. SAN FERNANDO ST. SAN JOSE, CA 95113			Mailing Address MEM CALPINE CORPORATION 50 W. SAN FERNANDO ST. SAN JOSE, CA 95113		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0945128	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when re-registering)</small>					
Filing Fee is \$50.00 Due by September 14, 2007		BK		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CALPINE OPERATIONS MANAGEMENT CO, 50 W. SAN FERNANDO ST. SAN JOSE, CA 95113	<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	
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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	
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: _____, Christopher Jaap				4/30/2007	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<small>Date Daytime Phone #</small>	



CORPORATION SERVICE COMPANY

M9900001794

ACCOUNT NO. : 072100000032

REFERENCE : 886993 4379392

AUTHORIZATION :

COST LIMIT : \$ 50.00

ORDER DATE : May 7, 2007

ORDER TIME : 8:17 AM

ORDER NO. : 886993-015

CUSTOMER NO: 4379392

BK

ANNUAL REPORT FILING

NAME: POWER SYSTEMS MFG., LLC

BK

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Amanda Roath - Ext. 2955

EXAMINER'S INITIALS: \_\_\_\_\_

FILED  
07 MAY -9 PM 1:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
07 MAY -9 AM 8:41  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA