

ORIGINAL



215 SOUTH MONROE STREET
SUITE 815
TALLAHASSEE, FLORIDA 32301

(850) 412-2000
FAX: (850) 412-1307
KATHRYN.COWDERY@RUDEN.COM

March 17, 2006

Blanca S. Bayo, Director
Division of Commission Clerk and
Administrative Services
Florida Public Service Commission
2540 Shumard Oak Boulevard
Betty Easley Building, Room 110
Tallahassee, Florida 32399-0850

Via Hand Delivery

RECEIVED FPSC
MAR 17 PM 4:35
COMMISSION
CLERK

Re: Request for 30 day extension of time in which to file regulatory assessment fees
Mink Associates II, LLC d/b/a Crystal Lake Club Utilities

Dear Ms. Bayo:

Enclosed pursuant to Rule 25-30.120(6)(b), is the above utility's request for 30 day extension of time in which to file regulatory assessment fees.

Please let me know if you have any questions.

Sincerely,

Kathryn G.W. Cowdery

Enclosure
cc: Gary Morse

- IMP _____
- COM _____
- TR _____
- CR _____
- CL _____
- PC _____
- CA _____
- CR _____
- GA _____
- EC 1 _____
- TH _____

RECEIVED & FILED

FPSC-BUREAU OF RECORDS

TAL:54149:1

DOCUMENT NUMBER-DATE
02405 MAR 17 06

FLORIDA PUBLIC SERVICE COMMISSION

Water & Wastewater

(Type of Industry)

REGULATORY ASSESSMENT FEE EXTENSION REQUEST

Mink Associates II, LLC d/b/a Crystal Lake Club Utilities

(Utility)

WS893

(Utility Code)

161582223

(FEID No.)

Mailing Address: 533 East Crystal Lake Drive Avon Park, IL 33825

This is to request an extension for filing the Regulatory Assessment Fee Return for the above-named utility for the period indicated below:

PERIOD January 1 - Dec 31, 2005

15 days to April 15, 2006

30 days to April 30, 2006

Handwritten signature of Kathryn Mendenhall

(Signature)

Attorney

(Title)

3-17-06

(Date)

(850) 412-2000

(Telephone Number)

(850) 412-2020

(FAX Number)

NOTE TO UTILITY

- Your Regulatory Extension Fee Request form must be filed and received by the Florida Public Service Commission at the address referenced below AT LEAST TWO WEEKS before the payment due date of March 31, 2006. Once your request is received, you will be notified by fax (or by mail when a faxed number is not provided) indicating that your request was approved or denied. THIS IS NOT AN AUTOMATIC EXTENSION, THEREFORE YOU MUST RECEIVE APPROVAL FROM THE COMMISSION IN ORDER TO RECEIVE AN EXTENSION.
If an extension of 15 days or less is approved, 0.75% of the fee is to be included when making payment.
If an extension of 16 to 30 days is approved, 1.5% of the fee is to be included when making payment.

FOR PUBLIC SERVICE COMMISSION USE ONLY

Request Approved []

Request Denied []

The 200 Regulatory Assessment Fee has not been received.

The 200 Regulatory Assessment Fee was delinquent. Prior penalty and/or interest has not been received for your 200 Regulatory Assessment Fee.

The request was received too late for processing.

APPROVED BY:

(Fiscal Services Section Supervisor)

(Date)

IF YOU HAVE QUESTIONS, PLEASE CONTACT A STAFF MEMBER OF THE FISCAL SERVICES SECTION AT EITHER (850) 413-6275 - FAX (850) 413-6276 OR (850) 413-6267 - FAX (850) 413-6268; OR WRITE TO DIVISION OF THE COMMISSION CLERK AND ADMINISTRATIVE SERVICES, FISCAL SERVICES SECTION, 2540 SHUMARD OAK BOULEVARD, TALLAHASSEE, FLORIDA 32399.