

# Interexchange Company Regulatory Assessment Fee Return

## Florida Public Service Commission

**STATUS:**

- Actual Return  
 Estimated Return  
 Amended Return

**PERIOD COVERED:**

01/13/2005 TO 12/31/2005

(See Filing Instructions on Back of Form)

TJ981-05-0-R  
 INVOIP LLC  
 #165 Miramar Commons  
 11020 Pembroke Road  
 Miramar, FL 33025-1704  
 671 AUG 0 8 2006

Please Complete Below If Official Mailing Address Has Changed

FOR PSC USE ONLY

Check # 707

\$ 50.00 06-03-001  
003001

06 AUG - 8 P  
RECEIVED - PSC  
COMMISSION CLERK

Postmark Date 8-7-06  
Initials of Preparer RT

Invaip LLC (Name of Company)     11020 Pembroke Rd #165 (Address)     Miramar FL (City/State)     33025 (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
MP 1.	Long Distance Services	\$ <u>276,388.56</u>	\$ <u>993.24</u>
DM 2.	Access Services		
FR 3.	Private Line Services		
FR 4.	Leased Facilities & Circuits Services		
JR 5.	Miscellaneous Services		
JR 6.	<b>TOTAL Telephone Services</b>	\$ <u>276,388.56</u>	\$ <u>993.24</u>
CL 7.	LESS: Amounts Paid to Telecommunications Companies <sup>(1)</sup>	( <u>192,453.22</u> )	( <u>248.31</u> )
PC 8.	<b>TOTAL REVENUES</b> For Regulatory Assessment Fee Calculation		\$ <u>744.93</u>
CA 9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0020)		<u>1.49</u>
CA 10.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)		<u>1.86</u>
JR 11.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)		<u>0.6894</u>
CA 12.	Extension Payment Fee (see "4. Extension" on back)		
CA 13.	<b>TOTAL AMOUNT DUE (\$50 MINIMUM)</b>		\$ <u>50.00</u> <sup>(2)</sup>

(1) These amounts must be intrastate only and must be verifiable (see "2. Fees" on back).  
 (2) Regardless of the gross operating revenue of a company, a minimum annual regulatory assessment fee of \$50 shall be imposed as provided in Section 364.336, Florida Statutes.

**CURRENT COMPANY STATUS**

- Facilities-Based Carrier      Reseller      Call Aggregator  
 Alternate-Operator Service      Rebiller      Other: \_\_\_\_\_

**BILLING INFORMATION**

Complete below if billing agent is other than yourself.

(Name) \_\_\_\_\_ (Address: City/State/Zip) \_\_\_\_\_ (Telephone) \_\_\_\_\_  
 What is the total amount of customer deposits collected?     What is the total amount of bond held (if applicable)?  
 Amount: \$ 0.00 for 20 05     Amount: \$ \_\_\_\_\_ Expires: \_\_\_\_\_

**COMPANY INFORMATION**

Do you lease telecommunications facilities?  YES  NO  
 If YES, who do you lease these facilities from? Name: \_\_\_\_\_  
 Address: \_\_\_\_\_

I, the undersigned owner/officer of the above-named company, have read the foregoing and declare that to the best of my knowledge and belief the above information is a true and correct statement. I am aware that pursuant to Section 837.06, Florida Statutes, whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his/her duty shall be guilty of a misdemeanor of the second degree.

Dabron Fairclough (Signature of Company Official)     V.P. Sales & Marketing (Title)     8/3/06 (Date)  
Dabron Fairclough (Preparer of Form - Please Print Name)     Telephone Number (954) 517-1694     Fax Number (954) 241-5052  
 F.E.I. No. 770626139     DOCUMENT NUMBER-DATE