

Competitive Local Exchange Company Regulatory Assessment Fee Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:

01/01/2005 TO 12/31/2005

TX719-05-0-R
 Access Communications, LLC. 060462
 % Cusick Communications
 3099 Leon Road, #5
 Jacksonville, FL 32246-3689
 DATE: 675 AUG 18 2006

FOR PSC USE ONLY

Check # 1010
 \$ 72.73 06-03-001
 003001
 \$ 1606 P 06-03-001
 004011
 \$ _____ I
 Postmark Date 8-16-06
 Initials of Preparer _____

audit + Records

Socket # 060462-TX

Please Complete Below If Official Mailing Address Has Changed

~~Access Communications~~ 3099 Leon
 (Name of Company) (Address) (City/State) (Zip)

| LINE NO. | ACCOUNT CLASSIFICATION | FLORIDA GROSS OPERATING REVENUE | INTRASTATE REVENUE |
|----------|--|---------------------------------|--------------------------|
| AMP 1. | Basic Local Services | \$ 20,026.35 | \$ _____ |
| JOM 2. | Long Distance Services (IntraLATA only) ⁽¹⁾ | 9,421.64 | _____ |
| 3. | Access Services | _____ | _____ |
| JTR 4. | Private Line Services | _____ | _____ |
| 5. | Leased Facilities & Circuits Services | _____ | _____ |
| ECR 6. | Miscellaneous Services (Call waiting, forwarding, etc.) | 14,015.33 | _____ |
| 7. | TOTAL REVENUES | | \$ _____ |
| GCL 8. | LESS: Amounts Paid to Other Telecommunications Companies ⁽²⁾ | | \$ 316,527.32 |
| OPC 9. | NET INTRASTATE OPERATING REVENUE for Regulatory Assessment Fee Calculation (Line 7 less Line 8) | | \$ _____ |
| 10. | Regulatory Assessment Fee Due (Multiply Line 9 by 0.0020) | | \$ 72.73 |
| RCA 11. | Penalty for Late Payment (see "3. Failure to File by Due Date" on back) | | \$ 500.00 |
| 12. | Interest for Late Payment (see "3. Failure to File by Due Date" on back) | | \$ 16.00 |
| SCR 13. | Extension Payment Fee (see "4. Extension" on back) | | \$ _____ |
| SGA 14. | TOTAL AMOUNT DUE (\$50 MINIMUM) | | \$ 588.73 ⁽³⁾ |

SEC 1 (1) Other long distance revenue must be listed on the Interexchange Regulatory Assessment Fee Return.
 (2) These amounts must be intrastate only and must be verifiable (see "2. Fees" on back).
 OTH (3) 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 Provider
- Reseller
- Other: _____

BILLING INFORMATION

Complete below if billing agent is other than yourself.

 (Name) (Address: City/State/Zip) (Telephone)

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 official duty shall be guilty of a misdemeanor of the second degree.

 (Signature of Company Official) Owner, President (Title) 8-16-06 (Date)
 Leslie Bail (Preparer of Form - Please Print Name) Telephone Number 904 646 2127 Fax Number 904 620 0833

F.E.I. No. 76-0733795 DOCUMENT NUMBER-DATE 07468 AUG 21 06