ORIGINAL 060462 ~~~~ TOTAL $1,104.64

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE FIELD(2)

Competitive Local Exchange Company Regulatory Assessment Fee Return

Florida Public Service Commission
(See Filing Instructions on Back of Form)

STATUS: **Docket # 060462-TX**

☑ Actual Return
___ Estimated Return
___ Amended Return

FIELD(1)
TX740-05-0-R 675 AUG 18 200?
Home Town Telephone, LLC
1100 NW 163RD DR, STE A
MiAMi, FL 33169

PERIOD COVERED:
FIELD(3)
1/1/2005 - 12/31/2005

wla + records

Please Complete Below If Official Mailing Address Has Changed

_____ (Name of Company) _____ (Address) _____ (City/State) _____ (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Basic Local Services	$ 222,320.12	$ 222,320.12
2.	Long Distance Services (IntraLATA only) [1]	9302.36	6716.36
3.	Access Services	—	
4.	Private Line Services	—	—
5.	Leased Facilities & Circuits Services	—	—
6.	Miscellaneous Services	—	—
7.	TOTAL REVENUES		$ 229,036.48
8.	LESS: Amounts Paid to Other Telecommunications Companies [2]		—
9.	NET INTRASTATE OPERATING REVENUE for Regulatory Assessment Fee Calculation (Line 7 less Line 8)		$ 229,036.48
10.	Regulatory Assessment Fee Due (Multiply Line 9 by 0.0020)		458.07
11.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)		114.52
12.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)		32.07
13.	Extension Payment Fee (see "4. Extension" on back)		—
14.	TOTAL AMOUNT DUE ($50 MINIMUM)		$ 604.66 [3]

+ fine 500.00   1104.66

(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).

(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 if 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/her duty shall be guilty of a misdemeanor of the second degree.

Kerri L. Caudill (Signature of Company Official)
COO (Title)
8/15/06 (Date)

KERRI L. CAUDILL
(Preparer of Form - Please Print Name)

Telephone Number 305-614-0045 Fax Number 305-614-0049
F.E.I. No. 11-3698769

07469 AUG 21

PSC/CMP 007 (Rev. 01/05)

FPSC-COMMISSION CLERK