

REDACTED

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 01/30/2007.

070000-07

Interexchange Company Regulatory Assessment Fee Return

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

X Actual Return
Estimated Return
Amended Return

TI327-06-0-R
TCG South Florida
315 South Calhoun Street, Suite 750
Tallahassee, FL 32301
Attn: Brian Musselwhite

FOR PSC USE ONLY
Check #
\$ 06-03-001
\$ P 003001
\$ I 06-03-001
004011
Postmark Date
Initials of Preparer

PERIOD COVERED: 01/01/2006 TO 12/31/2006

Please Complete Below If Official Mailing Address Has Changed
Please note that the address above has been changed.

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

Table with columns: LINE NO., ACCOUNT CLASSIFICATION, FLORIDA GROSS OPERATING REVENUE, INTRASTATE REVENUE. Rows include Long Distance Services, Access Services, Private Line Services, Leased Facilities & Circuits Services, Miscellaneous Services, TOTAL Telephone Services, LESS: Amounts Paid to Other Telecommunications Companies, TOTAL REVENUES For Regulatory Fee Calculation, Regulatory Assessment Fee Due, Penalty for Late Payment, Interest for Late Payment, Extension Payment Fee, TOTAL AMOUNT DUE (\$50 MINIMUM).

(1) 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
(x) Facilities-Based Provider () Reseller () Call Aggregator
() Alternate-Operator Service () Rebillor () 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: \$ for 2006 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.

Signature of Company Official James F. Dionne
Dorothy van der Wey
(Preparer of Form - Please Print Name)

Regulatory Controller (Title) January 23, 2007 (Date)
Telephone Number (908) 234-6458 Fax Number (908) 532-1809
F.E.I. No. 06-1383455