

Pay Telephone Service Provider Regulatory Assessment Fee Return

CK Amt \$106.00

STATUS:

- Actual Return
- Estimated Return
- Amended Return

*P. Isler
CEA*

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

TF191-01-0-R	DEPOSIT	DATE
L.L.C., Inc.	D1 98	MAR 29 2002
P. O. Box 16966		
Tampa, FL 33687-6966		
cc: P. Isler		

FOR PSC USE ONLY	
Check#	2531
\$	50.00
\$	5.00
\$	1.00
Postmark Date	3/26/02
Initials of Preparer	mc

PERIOD COVERED:
01/01/2001 TO 12/31/2001

Please Complete Below If Official Mailing Address Has Changed

L.L.C., Inc

(Name of Company)

(Address)

(City/State)

(Zip)

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida)	\$ _____
2.	Gross Intrastate Revenue	_____
3.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	(_____)
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	total \$ <u>15,264.18</u>
5.	Regulatory Assessment Fee Due – (Multiply Line 4 by 0.0015)	min <u>50.00</u>
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	<u>5.00</u>
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	<u>1.00</u>
8.	TOTAL AMOUNT DUE	\$ <u>56.00</u>
AS PROVIDED IN SECTION 364.336 FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50		
THIS FORM MUST BE COMPLETED AND RETURNED REGARDLESS OF THE AMOUNT OF REVENUES REPORTED		
9.	Number of pay telephones in operation at close of period covered by this Return	<u>0</u>

* These amounts must be intrastate only and must be verifiable.

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]
(Signature of Company Official)

(Preparer of Form - Please Print Name)

PRESIDENT (Title) 3-26-02 (Date)
Telephone Number (813) 988-6870 Fax Number (813) 980-3000
F.E.I. No. 59-2915510

DOCUMENT NUMBER-DATE

03606 MAR 29 02

FPSC-COMMISSION CLERK

Pay Telephone Service Provider Regulatory Assessment Fee Return

CK Amt \$106.00

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- Actual Return
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P. Isler
CCA

Florida Public Service Commission

(See Filing Instructions on Back of Form)

TF191-02-0-R	DEPOSIT	DATE
L.L.C., Inc.	D198	MAR 29 2002
P. O. Box 16966 Tampa, FL 33687-6966		
cc: P. Isler		

FOR PSC USE ONLY	
Check#	2531
\$	50.00
	0603002
	003001
\$	
	0603002
	004011
\$	
Postmark Date	3/26/02
Initials of Preparer	mk

PERIOD COVERED:
01/01/2002 TO 12/31/2002

Please Complete Below If Official Mailing Address Has Changed

(Name of Company)

(Address)

(City/State)

(Zip)

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida)	\$ 0
2.	Gross Intrastate Revenue	
3.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	()
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	MIN \$ 50.00
5.	Regulatory Assessment Fee Due - (Multiply Line 4 by 0.0015)	
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	
8.	TOTAL AMOUNT DUE	\$

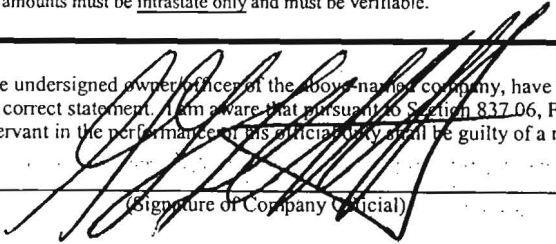
AS PROVIDED IN SECTION 364.336 FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50

THIS FORM MUST BE COMPLETED AND RETURNED REGARDLESS OF THE AMOUNT OF REVENUES REPORTED

9. Number of pay telephones in operation at close of period covered by this Return 0

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(Signature of Company Official)

PRESIDENT (Title) 3-26-02 (Date)

(Preparer of Form - Please Print Name)

Telephone Number (813) 988-6870 Fax Number (813) 980-3000

F.E.I. No. 59-2915510

L.L.C., INC.

PO Box 16966 • Tampa, Florida 33687

Tel: (813) 988-6870 • Fax: (813) 980-3000

March 26, 2002

Florida Public Service Commission
Attn: Paula J. Isler
Capital Circle Office Center
2540 Shumard Oak Blvd.
Tallahassee, FL 32399

Dear Ms. Isler:

In response to your letter dated 3/19/02, enclosed are two RAF forms for year ending 12/31/01 and 12/31/02 along with our check in the amount of \$106.00 to cover both years.. When I wrote to you earlier this month I may have stated that LLC suspended payphone operations on 3/31/02 but it should have said 3/31/01.

If you need additional information, please call me at 813-988-6870 or e-mail to g.Thomas@leaptampa.com.

Sincerely,



Gail Thomas
Business Manager

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