

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 01/31

ORIGINAL

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

TX626-04-0-R
 LightWave Communications, LLC
 14504 Greenview Drive, Suite 302
 Laurel, MD 20708-4226

Docket 040409-TX (Isler)

FOR PSC USE ONLY

Check# 42604

\$ 50.00 06-03-001
003001

\$ _____ P 06-03-001
004011

\$ _____ I

Postmark Date 8-10-04

Initials of Preparer RT

PERIOD COVERED: DATE
 01/01/2004 TO 12/31/2004
 491 AUG 18 2004

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	\$ _____	\$ _____
2.	Long Distance Services (IntraLATA only)**	\$ _____	\$ _____
3.	Access Services	\$ _____	\$ _____
4.	Private Line Services	\$ _____	\$ _____
5.	Leased Facilities & Circuits Services	\$ _____	\$ _____
6.	Miscellaneous Services	\$ _____	\$ _____
7.	TOTAL REVENUES	\$ _____	\$ _____
8.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	\$ _____	\$ _____
9.	Net Intrastate Operating Revenue for Regulatory Assessment Fee Calculation (Line 7 less Line 8)	\$ _____	\$ _____
10.	Regulatory Assessment Fee Due (Multiply Line 9 by 0.0015)	\$ _____	\$ _____
11.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	\$ _____	\$ _____
12.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	\$ _____	\$ _____
13.	TOTAL AMOUNT DUE	\$ _____	\$ _____

* These amounts must be intrastate only and must be verifiable.
 ** Other long distance revenue must be listed on the Interexchange Regulatory Assessment Fee Return.

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

CURRENT COMPANY STATUS

() Facilities-Based Provider

() Reseller

Other: DO NOT DO BUSINESS IN FLORIDA.

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.

[Signature] (Signature of Company Official) _____ (Title) CEO. _____ (Date) 8/10/04

(Preparer of Form - Please Print Name) _____ Telephone Number 301 953 9300 Fax Number 301 953 2454

F.E.I. No. 52-2230327