

Competitive Local Exchange Company Regulatory Assessment Fee Return

ORIGINAL

STATUS:

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:
01/01/2004 TO 12/31/2004

nunnye

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

TX691-04-0-R
T3 Communications, LLC
2235 First Street, Suite 217
Ft. Myers, FL 33901-2981

5 47 MAR 2 1 2

FOR PSC USE ONLY

Check# 4014

\$ 48.84 06-03-001
003001

\$ 5.16 P 06-03-001
004011

\$ 1.03 I

Postmark Date 3-15-05

Initials of Preparer RT

Please Complete Below If Official Mailing Address Has Changed

2401 1st. St., Suite 300

(Name of Company)

(Address)

(City/State)

| LINE NO. | ACCOUNT CLASSIFICATION | FLORIDA GROSS OPERATING REVENUE | INTRASTATE REVENUE |
|----------|---|------------------------------------|--------------------|
| 1. | Basic Local Services | \$ 212,135.55 | \$ 212,135.55 |
| 2. | Long Distance Services (IntraLATA only)** | 22,979.96 | 9,960.15 |
| 3. | Access Services | | |
| 4. | Private Line Services | | |
| 5. | Leased Facilities & Circuits Services | | |
| 6. | Miscellaneous Services | | |
| 7. | TOTAL REVENUES | | \$ 222,095.70 |
| 8. | LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back) | | 176,204.04 |
| 9. | Net Intrastate Operating Revenue for Regulatory Assessment Fee Calculation (Line 7 less Line 8) | | 45,891.66 |
| 10. | Regulatory Assessment Fee Due (Multiply Line 9 by 0.0015) | | 68.84 |
| 11. | Penalty for Late Payment (see "3. Failure to File by Due Date" on back) | | 5.16 |
| 12. | Interest for Late Payment (see "3. Failure to File by Due Date" on back) | | 1.03 |
| 13. | TOTAL AMOUNT DUE | | \$ 75.03 |

CMP
COM
CTR*

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

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

GCL _____
OPCO Facilities-Based Provider
MMS _____

CURRENT COMPANY STATUS
() Reseller
() Other: _____

RCA _____
SCR _____
SEC 1

BILLING INFORMATION

Complete below if billing agent if other than yourself.

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

COMPANY INFORMATION

OTH Do you lease telecommunications' facilities? YES () NO
If YES, who do you lease these facilities from? Name: Sprint
Address: 1520 Lee St., Ft. Myers, FL 33901

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.

Dale J. Conrad (Signature of Company Official) C.F.O. (Title) 3/15/05 (Date)
Dale J. Conrad (Preparer of Form - Please Print Name)

Telephone Number (239) 333-0020 Fax Number (239) 333-0001

F.E.I. No. 59-3765301 DOCUMENT NUMBER 02705

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