,10 PE	NALTY AND INTEREST CHARGES, TH	E REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 01	/ 30/20 06	0500	00
		hone Service Provider Regulatory Ass		Fee Return	
STATUS:		Florida Public Spy Conditions on Back of Form)		Check# 2037	
Actual Return Estimated Return Amended Return PERIOD COVERED: 01/01/2005 TO 12/31/2005		TG998-05-0-R MTE Properties, Inc. 601 NW 179th Avenue, Suite 104 Pembroke Pines, FL 33029-2819		$\begin{array}{c} $ 50.00 \\ 06-03-001 \\ 003001 \\ $ 5.00 \\ $ 06-03-001 \\ 004011 \\ $ 00401 \\ $ 00$	
a . <u>a.</u> (Initials of Preparer	
5 5 4 APR 1 4 2000 Please Complete Below If Official Mailing Address Has Changed					
	(Name of Company)	(Address)		(City/State)	(Zip)
LINE					
<u>NO.</u>	AC	ACCOUNT CLASSIFICATION Gross Operating Revenue (Florida) Gross Intrastate Revenue		AMOL	<u>JNT</u>
1.	Gross Operating Rev			\$	
2.	Gross Intrastate Rev				
3.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back) TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)		CTR _	L)
			ECR_		
4.			OPC _	\$	
5.	Regulatory Assessment Fee Due – (Multiply Line 4 by 0.0015)		MMS_		
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back) SCR				
7.	Interest for Late Pay				
8.	TOTAL AMOUNT DUE			\$	<u>.</u>
	AS PROVIDE	D IN SECTION 364.336 FLORIDA STATUTES, THE MIN	NIMUM ANNI	UAL 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

These amounts must be <u>intrastate only</u> 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 any awaye 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 dury shall be guilty of a misdemeanor of the second degree.

Alsignature of Company, Official)
 OWN
 3/30/05

 (Title)

 (Title)

 (Date)

 (Date)
</t (Preparer of Form - Please Print Name) 03635 APR 14 8

FPSC-COMMISSION CLEI