

Competitive Local Exchange Company Regulatory Assessment Fee Return

ORIGINAL

DEC 10 610
TOTAL \$ 241.98

STATUS: 555 APR 19 2005

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

TX634-05-0-R
University Club Communications, LLC
831 North Monroe Street
Tallahassee, FL 32303-6140
(Request for cancellation-Isler)

FOR PSC USE ONLY
Check# 1260
\$ 50.00 APR 19 2005
COMMISSIONER
CLERK
Postmark Date 4/15/05
Initials of Preparer [Signature]

Actual Return
 Estimated Return
 Amended Return

PERIOD COVERED:
01/01/2005 TO 12/31/2005

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		\$ 50.00

CMP
COM
CTR
ECR
GGL
OPC
RCA
SCR
SEC
OTH

* 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: _____

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] Thomas W. Allen (Signature of Company Official) Member (Title) 4-14-05 (Date)
JOHN W. ABBOTT (Preparer of Form - Please Print Name) Telephone Number (860) 205 8500 Fax Number (860) 205 8508
F.E.I. No. 59-3661725

03771 APR 19 05