

See TU 610

Competitive Local Exchange Company Regulatory Assessment Fee Return

7991 & 241.98

ORIGINAL

STATUS:

- Actual Return
- Estimated Return
- Amended Return

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

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

TX634-04-0-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
 \$ 5.00 P
 \$ 1.00 I

06-03-001
003001
06-03-001
004011

Postmark Date 4-15-05
 Initials of Preparer RT

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	\$ <u>50.00</u>	\$ <u>50.00</u>	<u>CMP</u>
2.	Long Distance Services (IntraLATA only)**			<u>COM</u>
3.	Access Services			<u>CTR</u>
4.	Private Line Services			<u>ECR</u>
5.	Leased Facilities & Circuits Services			<u>GCL</u>
6.	Miscellaneous Services			<u>OPE</u>
7.	TOTAL REVENUES		\$	<u>MMS</u>
8.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)			<u>5.00 RCA</u>
9.	Net Intrastate Operating Revenue for Regulatory Assessment Fee Calculation (Line 7 less Line 8)			<u>1.00</u>
10.	Regulatory Assessment Fee Due (Multiply Line 9 by 0.0015)			<u>56.00</u>
11.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)			<u>SEC</u>
12.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)			<u>OTH</u>
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

() Facilities-Based Provider
 CURRENT COMPANY STATUS
 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 performance of his/her duty shall be guilty of a misdemeanor of the second degree.

Thomas W. Alenitt (Signature of Company Official) Member (Title) 4-14-05 (Date)
JOHN W. ABBOTT (Preparer of Form - Please Print Name)
 Telephone Number (850) 205-8500 Fax Number (850) 205-8506
 F.E.I. No. 59-3661925

DOCUMENT NUMBER DATE
03794 APR 19 05