

ORIGINAL



215 SOUTH MONROE STREET
SUITE 815
TALLAHASSEE, FLORIDA 32301

(850) 412-2000
FAX: (850) 412-1307
KATHRYN.COWDERY@RUDEN.COM

March 10, 2006

RECEIVED-PPSC
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COMMISSION
CLERK

Blanca S. Bayo, Director
Division of Commission Clerk and
Administrative Services
Florida Public Service Commission
2540 Shumard Oak Boulevard
Betty Easley Building, Room 110
Tallahassee, Florida 32399-0850

Via Hand Delivery

Re: Request for 30 day extension of time in which to file regulatory assessment fees
CWS Communities LP

Dear Ms. Bayo:

Enclosed pursuant to Rule 25-30.120(6)(b), is the above utility's request for 30 day extension of time in which to file regulatory assessment fees.

Please let me know if you have any questions.

Sincerely,

Kathryn G.W. Cowdery

- CMP _____
- COM _____
- CTR _____
- ECR _____
- GCL _____
- OPC _____
- RCA _____
- SCR _____
- SGA _____
- SEC _____
- OTH _____

cc: Gary Morse
Robert Munro

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oh
FPSC-BUREAU OF RECORDS

DOCUMENT NUMBER-DATE
02087 MAR 10 06

RUDEN, McCLOSKEY, SMITH, SCHUSTER & RUSSELL, P.A.

FLORIDA PUBLIC SERVICE COMMISSION

Water & Wastewater

(Type of Industry)

REGULATORY ASSESSMENT FEE EXTENSION REQUEST

CWS Communities LP

(Utility)

WU839

(Utility Code)

74-2860067

(FEID No.)

Mailing Address: 14 Coral Street

Eustis, FL 32726-6710

This is to request an extension for filing the Regulatory Assessment Fee Return for the above-named utility for the period indicated below:

PERIOD January 1 - Dec 31, 2005

15 days to April 15, 2006

30 days to April 30, 2006

Kathryn J. Dowdy

(Signature)

Attorney

(Title)

March 10, 2006

(Date)

(850) 412-2000

(Telephone Number)

(850) 412-1307

(FAX Number)

NOTE TO UTILITY

- Your Regulatory Extension Fee Request form must be filed and received by the Florida Public Service Commission at the address referenced below **AT LEAST TWO WEEKS before the payment due date of March 31, 2006.** Once your request is received, you will be notified by fax (or by mail when a faxed number is not provided) indicating that your request was approved or denied. **THIS IS NOT AN AUTOMATIC EXTENSION, THEREFORE YOU MUST RECEIVE APPROVAL FROM THE COMMISSION IN ORDER TO RECEIVE AN EXTENSION.**
- If an extension of 15 days or less is approved, 0.75% of the fee is to be included when making payment.
- If an extension of 16 to 30 days is approved, 1.5% of the fee is to be included when making payment.

FOR PUBLIC SERVICE COMMISSION USE ONLY

Request Approved

Request Denied

The 200__ Regulatory Assessment Fee has not been received.

The 200__ Regulatory Assessment Fee was delinquent. Prior penalty and/or interest has not been received for your 200__ Regulatory Assessment Fee.

The request was received too late for processing.

APPROVED BY: _____

(Fiscal Services Section Supervisor)

(Date)

IF YOU HAVE QUESTIONS, PLEASE CONTACT A STAFF MEMBER OF THE FISCAL SERVICES SECTION AT EITHER (850) 413-6275 - FAX (850) 413-6276 OR (850) 413-6267 - FAX (850) 413-6268; OR WRITE TO DIVISION OF THE COMMISSION CLERK AND ADMINISTRATIVE SERVICES, FISCAL SERVICES SECTION, 2540 SHUMARD OAK BOULEVARD, TALLAHASSEE, FLORIDA 32399.