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IXC REGISTRATION FORM

Company Name Accent Property Management, LLC

Florida Secretary of State Registration No. L03000000353

Fictitious Name(s) as filed at Fla. Sec. of State d/b/a Centers of Westshore

Company Mailing Name Centers of Westshore

Mailing Address 550 N. Reo Street, Suite 300 Tampa, FL 33609

Web Address www.centersofwestshore.com

E-mail Address sschwanenberger@centersofwestshore.com

Physical Address 550 N. Reo Street, Suite 300 Tampa, FL 33609

Company Liaison Sue Schwanenberger

Title General Manager

Phone 813-261-6541

Fax 813-261-5194

E-mail address sschwanenberger@centersofwestshore.com

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Consumer Liaison to PSC Sue Schwanenberger

Title General Manager

Address 550 N. Reo Street, Suite 300 Tampa, FL 33609

Phone 813-261-6541

Fax 813-261-5194

E-mail address sschwanenberger@centersofwestshore.com

CMP * My company's tariff as required in Section 364.04, Florida Statutes, is enclosed with this form. I understand that my company must notify the Commission of any changes to the above information pursuant to Section 364.02, Florida Statutes. My company will owe Regulatory Assessment Fees for each year or partial year my registration is active pursuant to Section 364.336, Florida Statutes. My company will comply with Section 364.603, Florida Statutes, concerning carrier selection requirements, and Section 364.604, Florida Statutes, concerning billing practices.

Sue A. Schwanenberger
Signature of Company Representative

Sue A. Schwanenberger
Printed/Typed Name of Representative

07/08/08
Date

Tariff forwarded to CMP.

DOCUMENT NUMBER-DATE
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