

08 JAN 22 AM 7:56

GAEDEKE GROUP



GAEDEKE GROUP, LLC

NORTHBRIDGE CENTRE
MANAGEMENT OFFICE:
515 NORTH FLAGLER DRIVE
SUITE 204
W. PALM BEACH, FLORIDA 33401
TEL 561.835.0100
FAX 561.655.5275

CORPORATE:
3710 RAWLINS STREET
SUITE 1000, LB 24
DALLAS, TEXAS 75219
TEL 214.528.8883
FAX 214.528.8058
GAEDEKE.COM

January 17, 2008

Florida Public Service Commission
Attn: Anna Cole, Division Clerk
2540 Shumard Oak Boulevard
Tallahassee, FL 32399-0876

070537-75

**RE: Northbridge Centre Executive Suites Shared-Tenant Service Provider
Regulatory Assessment Fee Return**

15181

Dear Ms. Cole:

We have been instructed to send this letter to your attention as it pertains to the closing of our Executive Suites and cancellation of our regulatory assessment fees.

Please consider this letter to be formal notification that the Northbridge Centre Executive Suites have been closed and have not been in operation since June of 2007. We will be sending under separate cover to the FISCAL Department the total minimum payment of \$100.00 for the remaining assessment fee for 2007.

Should you have any questions, please feel to call me at 561-835-0100.

Sincerely,

CMP _____ Gaedeke Group, LLC

COM _____

CTR _____ *Bertie L Russo*

ECR _____
GCL _____ Bertie L. Russo, CPM, RPA

Property Manager

OPC _____

RCA _____ Enclosure

SCR _____ BR/cnf

SGA _____

SEC _____ ec: Florida Public Commission – FISCAL Dept.

OTH N.G.

DOCUMENT NUMBER-DATE

00513 JAN 22 08

FPSC-COMMISSION CLERK

Shared-Tenant Service Provider Regulatory Assessment Fee Return

Florida Public Service Commission

STATUS:

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:
01/01/2007 TO 10/02/2007

(See Filing Instructions on Back of Form)

TS181-07-0-R
 Gaedeke Holdings Ltd.
 Northbridge Centre Executive Suites
 515 North Flagler Drive, Suite 300-P
 West Palm Beach, FL 33401-4318

| FOR PSC USE ONLY | |
|----------------------------|---------------------|
| Check # _____ | |
| \$ _____ | 06-03-001 003001 |
| \$ _____ E | |
| \$ _____ P | 06-03-001 004011 |
| \$ _____ I | |
| Postmark Date _____ | |
| Initials of Preparer _____ | |

DEC 17 2007

Please Complete Below If Official Mailing Address Has Changed

Gaedeke Group (Name of Company) 515 N. Flagler Drive (Address) West Palm Beach (City/State) 33401 (Zip)

| LINE NO. | ACCOUNT CLASSIFICATION | AMOUNT |
|----------|---|---------------------------------|
| 1. | Gross Intrastate Operating Revenue | \$ _____ |
| 2. | LESS: Amounts Paid to Other Telecommunications Companies ⁽¹⁾ (see "2. Fees" on back) | _____ |
| 3. | NET INTRASTATE OPERATING REVENUE for Regulatory Assessment Fee Calculation <i>(Line 1 less Line 2)</i> | \$ _____ |
| 4. | Regulatory Assessment Fee Due <i>(Multiply Line 3 by 0.0020)</i> | _____ |
| 5. | Penalty For Late Payment (see "3. Failure to File by Due Date" on back) | _____ |
| 6. | Interest For Late Payment (see "3. Failure to File by Due Date" on back) | _____ |
| 7. | <u>Extension Payment Fee (see "4. Extension" on back)</u> | _____ |
| 8. | TOTAL AMOUNT DUE (MINIMUM \$100.00) | \$ <u>100.00</u> ⁽²⁾ |

The business was closed in early 2007, please consider our request for cancellation.

(1) These amounts must be intrastate only and must be verifiable (see "2. Fees" on back).
 (2) Regardless of the gross operating revenue of a company, a minimum annual regulatory assessment fee of \$100 shall be imposed as provided in Section 364.336, Florida Statutes.

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 official duty shall be guilty of a misdemeanor of the second degree.

Kirk R. Fetter (Signature of Company Official) U.P. (Title) 1/15/07 (Date)

KIRK R. FETTER (Preparer of Form - Please Print Name) Telephone Number (561) 835-0100 Fax Number (561) 655-5275

DOCUMENT NUMBER-DATE

F.E.I. No. _____ 00513 JAN 22 08



Vendor Ledger

Date: 1/8/2008

Code: flops Telephone: (H)8504136480
 Name: Florida Public Service Commission Telephone: (H)
 Address: 2540 Shumard Oak Blvd. Email:
 City: Tallahassee, FL 32399-0876 URL:

| Tran# | Property | Invoice Date | Account | Invoice Number | Amount | Unpaid Amount | Check# | Check Date | Description |
|--------|----------|--------------|----------|----------------|--------|---------------|--------|------------|---|
| 10884 | 91 | 1/5/2000 | 70400000 | 7009 | 70.09 | 0.00 | 1941 | 1/5/2000 | ASSESSMENT FEE |
| 61759 | 91 | 11/8/2001 | 70400000 | 2000 | 50.00 | 0.00 | 11120 | 11/12/2001 | Annual Return - 2000 |
| 63254 | 91 | 11/27/2001 | 70400000 | TS181-00-0-P | 17.50 | 0.00 | 11368 | 12/3/2001 | |
| 66947 | 91 | 1/17/2002 | 70400000 | 010102 | 50.00 | 0.00 | 12020 | 1/23/2002 | REGULATORY ASSESMENT FEE FOR YEAR ENDING 2001 |
| 69189 | 91 | 2/14/2002 | 70400000 | 011101-TS | 100.00 | 0.00 | 12426 | 2/20/2002 | SETTLEMENT PROPOSAL |
| 93996 | 91 | 1/9/2003 | 70400000 | 1/9/03 | 70.20 | 0.00 | 16392 | 1/14/2003 | 2002 REGULATORY ASSESSMENT FEE |
| 121430 | 91 | 1/8/2004 | 70400000 | JAN2004 | 55.06 | 0.00 | 20811 | 1/14/2004 | REGULATORY ASSESS FEE |
| 147862 | 91 | 1/13/2005 | 70400000 | JANUARY 05 | 69.72 | 0.00 | 25256 | 1/17/2005 | FLORIDA SHARED TENANT ASSESS FEE |
| 172414 | 91 | 1/5/2006 | 70400000 | 010506 | 86.24 | 0.00 | 443 | 1/9/2006 | STS REG. ASSESSMENT FEE |
| 195137 | 90 | 3/8/2007 | 70400000 | 030807 | 90.97 | 0.00 | 5035 | 3/12/2007 | Regulatory Assessment Fee |
| | | | | | 659.78 | 0.00 | | | |

PROPERTY # 90 VENDOR # flops
 INVOICE # 101707 INV. DATE 12/17/07
 CL # 7040 AMOUNT 100.00
 MGR. RD SUP _____
 DATE 1/17/08 DATE _____