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080077-TP

Interexchange Company Regulatory Assessment Fee Return

Florida Public Service Commission

STATUS:

(See Filing Instructions on Back of Form)

- Actual Return
- Estimated Return
- Amended Return

TJ674-07-0-R
Wireless One Network Management, L.P.
2100 Electronics Lane
Ft. Myers, FL 33912-1605
see TXlelele
DEPOSIT DATE
817 FEB 04 2008

FOR PSC USE ONLY

Check # 009358

\$ 700.00 06-03-001
003001

\$ _____ E

\$ _____ P 06-03-001
004011

\$ _____ I

Postmark Date 1-30-08
Initials of Preparer RA

connect records & paula

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.	Long Distance Services	\$ <u>0</u>	\$ <u>0</u>
2.	Access Services	_____	_____
3.	Private Line Services	_____	_____
4.	Leased Facilities & Circuits Services	_____	_____
5.	Miscellaneous Services	_____	_____
6.	TOTAL Telephone Services	\$ <u>0</u>	\$ <u>0</u>
7.	LESS: Amounts Paid To Telecommunications Companies ⁽¹⁾	(_____)	(_____)
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation		\$ <u>0</u>
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0020)		<u>0</u>
10.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)		_____
11.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)		_____
12.	Extension Payment Fee (see "4. Extension" on back)		_____
13.	TOTAL AMOUNT DUE (\$700.00 MINIMUM)		\$ <u>700</u> ⁽²⁾

RECEIVED FPSC
08 FEB 11 PM 5:15
COMMUNICATIONS
CLERK

(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 \$700 shall be imposed as provided in Section 364.336, Florida Statutes.

CURRENT COMPANY STATUS

- Facilities-Based Carrier
- Reseller
- Call Aggregator
- Alternate-Operator Service
- Rebiller
- Other: No operations

BILLING INFORMATION

Complete below if billing agent is other than yourself.

(Name) (Address: City/State/Zip) (Telephone)

What is the total amount of customer deposits collected? Amount: \$ _____ for 20 _____

What is the total amount of bond held (if applicable)? Amount: \$ _____ Expires: _____

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 of Company Official) PRESIDENT (Title) 1-30-08 (Date)

Telephone Number (239) 489-1600 Fax Number (239) 489-1928

(Preparer of Form - Please Print Name) F.E.I. No. 59-3418223

DOCUMENT NUMBER - DATE
00854 FEB-11 08

FPSC-COMMISSION CLERK

TOTAL \$ 1300.00

Competitive Local Exchange Company Regulatory Assessment Fee Return

Florida Public Service Commission

STATUS:

- Actual Return
 Estimated Return
 Amended Return

PERIOD COVERED:
 01/01/2007 TO 12/31/2007

(See Filing Instructions on Back of Form)

TX666-07-0-R
 Wireless One Network Management, L.P.
 2100 Electronics Lane
 Ft. Myers, FL 33912-1605

DEPOSIT DATE: 817 FEB 04 2008

See TUG 74

Please Complete Below If Official Mailing Address Has Changed

FOR PSC USE ONLY

Check # 00935F

\$ 600.00 06-03-001
 003001

\$ _____ E

\$ _____ P 06-03-001
 004011

\$ _____ I

Postmark Date 1-30-08
 Initials of Preparer PT

 (Name of Company) (Address) (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Basic Local Services	\$ <u>0</u>	\$ <u>0</u>
2.	Long Distance Services (IntraLATA only) ⁽¹⁾	_____	_____
3.	Access Services	_____	_____
4.	Private Line Services	_____	_____
5.	Leased Facilities & Circuits Services	_____	_____
6.	Miscellaneous Services	_____	_____
7.	TOTAL REVENUES		\$ <u>0</u>
8.	LESS: Amounts Paid to Other Telecommunications Companies ⁽²⁾		_____
9.	NET INTRASTATE OPERATING REVENUE for Regulatory Assessment Fee Calculation (Line 7 less Line 8)		\$ <u>0</u>
10.	Regulatory Assessment Fee Due (Multiply Line 9 by 0.0020)		\$ <u>0</u>
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.	Extension Payment Fee (see "4. Extension" on back)		_____
14.	TOTAL AMOUNT DUE (\$600.00 MINIMUM)		\$ <u>600</u> ⁽³⁾

- (1) Other long distance revenue must be listed on the Interexchange Regulatory Assessment Fee Return.
 (2) These amounts must be intrastate only and must be verifiable (see "2. Fees" on back).
 (3) Regardless of the gross operating revenue of a company, a minimum annual regulatory assessment fee of \$600 shall be imposed as provided in Section 364.336, Florida Statutes.

CURRENT COMPANY STATUS

- Facilities-Based Provider
 Reseller
 Other: No operations

BILLING INFORMATION

Complete below if billing agent is 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 official duty shall be guilty of a misdemeanor of the second degree.

[Signature] - A - PRESIDENT 1-30-08
 (Signature of Company Official) (Title) (Date)

Telephone Number (239) 489-1600 Fax Number (239) 489-1928

(Preparer of Form - Please Print Name)

F.E.I. No. 59-3418223

DOCUMENT NUMBER DATE 00854 FEB-1 08 FPSC-COMMISSION CLERK

WIRELESS ONE

NETWORK

January 30, 2008

Florida Public Service Commission
2540 Shumard Oak Boulevard
Tallahassee, FL 32399-0876

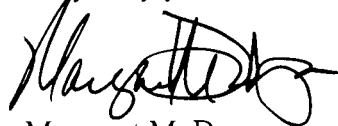
Dear Sir or Madam:

Enclosed please find Competitive Local Exchange Company Regulatory Assessment Fee Return and Interexchange Company Regulatory Assessment Fee Return for Wireless One Network Management, L.P. for the year 1/1/2007 through 12/31/2007.

Please cancel Competitive Local Exchange Certificate for Wireless One Network Management, L.P. (company number TX666), and Interexchange Company Certificate for Wireless One Network Management, L.P. (company number TJ674). Wireless One Network Management, L.P. never started operation as either a competitive local exchange company or an interexchange company, and is not doing business as such in Florida.

If you have any questions, please feel free to contact me at (239) 489-1600. Thank you for your attention to this matter. Regards.

Very truly yours,



Margaret M. Dwyer
Legal Counsel

MMD/
Encl.

cc: James A. Dwyer, Jr. (w/o encl.)
Patricia M. Heath (w/encl.)

DOCUMENT NUMBER-DATE

00854 FEB-1 8

FPSC-COMMISSION CLERK