	GES, THE REGULATORY ASSESSMENT FEE RE	TURN MUST BE FILED ON OR BEFORE 0	1/30/2008	721200a
Intere	exchange Company R			080077
	Florida Public So	ervice Commission		USE ONLY
STATUS:		tions on Back of Form)	Check #	7358
Actual Return	TJ674-07-0-R		s 700 ··	06-03-001
Estimated Return	Wireless One Network N	Management, L.P.		003001
Amended Return	2100 Electronics Lane	-	S	_ E
	Ft. Myers, FL 33912-16	505 See	s	P 06-03-001
PERIOD COVERED:	·	7		004011
01/01/2007 TO 12/31/2007	· POSIT	UM TXIelele	\$	_ I
000101			,	30.08
ancel,	817 FFF	3 0 4 2008	Postmark Date Initials of Preparer	
amb t		cial Mailing Address Has Change		
Paulh				
(Name of Company)	(1	Address)	(City/State)	(Zip)
LINE NO. ACCO	OUNT CLASSIFICATION		RIDA GROSS TING REVENUE INTRAS	STATE REVENUE
Long Distance Services		<u> </u>	<i>O</i> \$	0
2. Access Services				
 Private Line Services Leased Pacilities Circu 	vita Samuiana			
4. Leased Facilities & Circu 5. Miscellaneous Services	ins services			
6. TOTAL Telephone Ser	vices	•	O \$	0
7. LESS: Amounts Paid o	Telecommunications Companies ⁽¹⁾	() (
8. OTAL REVENUES F	or Regulatory Assessment Fee Calculati	ion	\$	<u> </u>
	Fee Due (Multiply Line 8 by 0.0020)			
•	t (see "3. Failure to File by Due Date" o			
	t (see "3. Failure to File by Due Date" or see "4. Extension" on back)	n back)		
·			•	700 (2)
13. TOTAL AMOUNT DU	E (\$700.00 MINIMUM)		J	700
(1) These amounts must (2) Regardless of the gro Section 364.336, Flo	be intrastate only and must be verifiable oss operating revenue of a company, a nrida Statutes.	e (see "2. Fees" on back). ninimum annual regulatory assessr	ment fee of \$700 shall be imposed	d as provided in
	CURRENT	COMPANY STATUS		## 80
) Facilities-Based Carrier	() Reseller	() Call Aggreg	No operati	ANCE T
	() Rebiller	() Other:	NOCHETAIT	
	BILLING	G INFORMATION		
) Alternate-Operator Service		GINFORMATION		
Alternate-Operator Service	r than yourself.		() (Telephone)	# E
) Alternate-Operator Service omplete below if billing agent is othe (Name) hat is the total amount of customer deciritions.	r than yourself. eposits collected?	(Address: City/State/Zip) What	() (Telephone) is the total amount of bond held (if applicable)?
omplete below if billing agent is othe (Name) hat is the total amount of customer de	r than yourself. eposits collected?	(Address: City/State/Zip) What	is the total amount of bond held (if applicable)?
Omplete below if billing agent is othe (Name) (hat is the total amount of customer decreases)	eposits collected?	(Address: City/State/Zip) What	() (Telephone) is the total amount of bond held (bunt: \$ Expire	if applicable)?
) Alternate-Operator Service omplete below if billing agent is othe (Name) that is the total amount of customer days for a service.	eposits collected?	(Address: City/State/Zip) What Amo	is the total amount of bond held (if applicable)?
Omplete below if billing agent is othe (Name) /hat is the total amount of customer deformation of you lease telecommunications' facility.	eposits collected? 20 COMPAN lities? () YES (NO	(Address: City/State/Zip) What Amo	is the total amount of bond held (if applicable)?
Omplete below if billing agent is othe (Name) That is the total amount of customer damount: \$	eposits collected? 20 COMPAN lities? () YES (NO	(Address: City/State/Zip) What Amo	is the total amount of bond held (if applicable)?
Operator Service Omplete below if billing agent is othe (Name) That is the total amount of customer defendance: O you lease telecommunications' facion agent is othe (Name)	eposits collected? 20 lities? () YES es from? Name:	(Address: City/State/Zip) What Amo	is the total amount of bond held (bunt: \$ Expire	if applicable)?
Omplete below if billing agent is othe (Name) /hat is the total amount of customer d Amount: \$	eposits collected? 20 COMPAN lities? () YES () NO es from? Name:	(Address: City/State/Zip) What Amo IY INFORMATION	is the total amount of bond held (bunt: \$ Expire Expire	if applicable)?
Alternate-Operator Service Omplete below if billing agent is othe (Name) that is the total amount of customer deformation: S for a service of you lease telecommunications' facing YES, who do you lease these facilities are the service of the s	eposits collected? 20 lities? () YES es from? Name:	(Address: City/State/Zip) What Amo IY INFORMATION and the foregoing and declare that on 837.06, Florida Statutes, whose	is the total amount of bond held (bunt: \$ Expire It to the best of my knowledge over knowingly makes a false state	if applicable)?
Omplete below if billing agent is othe (Name) That is the total amount of customer deformation: O you lease telecommunications' facion agent is othe deformation is a true and correct statement.	eposits collected? 20 COMPAN lities? () YES () NO es from? Name:	(Address: City/State/Zip) What Amo IY INFORMATION ead the foregoing and declare that on 837.06, Florida Statutes, whoeve guilty of a misdemeanor of the se	is the total amount of bond held (bunt: \$	if applicable)?
Omplete below if billing agent is othe (Name) That is the total amount of customer de Amount: \$ for 2	company lities? () YES () NO es from? Name: of the above-named company, have rement. I am aware that pursuant to Section the performance of his/her duty shall be	(Address: City/State/Zip) What Amo IY INFORMATION and the foregoing and declare that on 837.06, Florida Statutes, whose	is the total amount of bond held (bunt: \$	if applicable)?
Omplete below if billing agent is othe (Name) That is the total amount of customer deformation: O you lease telecommunications' facing YES, who do you lease these facilities didress: I, the undersigned owner/officer of formation is a true and correct statement.	eposits collected? 20 COMPAN lities? () YES () NO es from? Name: of the above-named company, have rement. I am aware that pursuant to Section the performance of his/her duty shall be y Official)	(Address: City/State/Zip) What Amo IY INFORMATION and the foregoing and declare that on 837.06, Florida Statutes, whose e guilty of a misdemeanor of the so PLES TOENT (Title)	is the total amount of bond held (bunt: \$ Expire Ex	and belief the above ement in writing with 1 - 30-08 (Date)
Omplete below if billing agent is othe (Name) That is the total amount of customer defendance of you lease telecommunications' facion YES, who do you lease these facilities didress: I, the undersigned owner/officer of formation is a true and correct statement to mislead a public servant in (Signature of Compan)	company lities? () YES es from? Name: company, have rement. I am aware that pursuant to Section the performance of his/her duty shall be y Official) Telepho	(Address: City/State/Zip) What Amo AY INFORMATION ead the foregoing and declare that on 837.06, Florida Statutes, whose e guilty of a misdemeanor of the so PLESTOCAT (Title) one Number (239)489-	is the total amount of bond held (bunt: \$	and belief the above ement in writing with 1 - 30-08 (Date)
Omplete below if billing agent is othe (Name) /hat is the total amount of customer de Amount: \$ for a for	company lities? () YES es from? Name: company, have rement. I am aware that pursuant to Section the performance of his/her duty shall be y Official) Telepho	(Address: City/State/Zip) What Amo IY INFORMATION and the foregoing and declare that on 837.06, Florida Statutes, whose e guilty of a misdemeanor of the so PLES TOENT (Title)	is the total amount of bond held (bunt: \$	and belief the above ement in writing with 1 - 30-08 (Date)

FOR PSC USE ONLY

STATUS:

Competitive Local Exchange Company Regulatory Assessment Fee Return Competitive Local Exchange Company Regulatory Assessment Fee Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

Actual Return Fistimated Return Amended Return PERIOD COVERED: 01/01/2007 TO 12/31/2007	TX666-07-0-R Wireless One Netwo 2100 Electronics La Ft. Myers, FL 3391 817 FEB 0	2-1605 See See 1	\$\$ \$\$ Postmark DateInitials of Preparer	003001 E P 06-03-001 004011 I
	Please Complete Below I	f Official Mailing Address Has Cha		
(Name of Company)		(Address)	(City/State)	(Zip)
LINE		FLORII	DA GROSS	
	DUNT CLASSIFICATION		NG REVENUE INTRAST	TATE REVENUE
 Basic Local Services Long Distance Services Access Services Private Line Services Leased Facilities & Circ Miscellaneous Services 		\$	O s	0
7. TOTAL REVENUES 8. LESS: Amounts Paid to	Other Telecommunications Compa	anies ⁽²⁾	\$	0
10. Regulatory Assessment I 11. Penalty for Late Paymen 12. Interest for Late Paymen 13. Extension Payment Fee (14. TOTAL AMOUNT DU (1) Other long distance (2) These amounts must	Fee Due (Multiply Line 9 by 0.002 t (see "3. Failure to File by Due Det (see "3. Failure to File by Due Det (see "4. Extension " on back) E (\$600.00 MINIMUM) revenue must be listed on the Interest be intrastate only and must be veross operating revenue of a company	Pate" on back) ate" on back) rexchange Regulatory Assessment Fee	\$ e Return.	do as provided in
() Facilities-Based Provider		ENT COMPANY STATUS		
() Pacifilies-Based Provider	Other:	lo operations		80
Complete below if billing agent is othe		LING INFORMATION	()	FEB
(Name)		(Address: City/State/Zip)	(Telephone)	5
Do you lease telecommunications' faci If YES, who do you lease these facilitie Address:	lities? () YES (NO	IPANY INFORMATION		8 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
I, the undersigned owner/officer of information is a true and correct statem the intent to mislead a public servant in	nent. I am aware that pursuant to	ty shall be guilty of a misdemeanor o	oever knowingly makes a false stat	tement in writing with
(Signature of Compan	v Official)	PRESIDENT (Title)		-30.08 (Date)
(Signature of Springari		lephone Number (239) 48°	9-1600 Fax Number (790	1488-1928
(Preparer of Form - Pleas	e Print Name)	E.I. No. 59 - 34/		10111-0
PSC/CMP 007 (Rev. 04/07)	г		CALS~1\Temp\foxmerge47002140\	xxmergeformxx.doc
				-



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 HIMBER-DATE

00854 FEB-18

FPSC-COMMISSION CLERK