DI AVOID PENALLY AND INTEREST CRARGES. THE REGISATORY ASSESSMENT FOR REFERN MEST BE PITED ON DRIBLEORF 0120/2009 Pay Telephone Service Provider Regulatory Assessment Fee Return

STATUS:
Actual Return Estimated Return Amended Return

PERIOD COVERED: 01/01/2008 TO 12/31/2008

(See Filing Instructions on Back of Form)					
TG965-08-0-R					
The Everglades Club, Inc.					
356 Worth Avenue					
Palm Beach, FL 33480-4617					

Florida Public Service Commission

884 · DEC 2 5 2003

Please Complete Below If Official Mailing Address Has Changed

	12-18-08 10:59am p. 1 05.2	
1	12-18-08 14:59am p. 1 052	A SO
	FOR PSC TSE ONLY Check # \ 3 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	3/1.50
and the same of the same of	Postmark Date 12-18-08 Initials of Preparer	

	(Name of Company) (Address)	(City/State)	(Zi _I .
LINE NO.	ACCOUNT CLASSIFICATION	-	AMOUNT
1.	Gross Operating Revenue (Florida)	<u>\$</u>	- 0 -
2,	Gross Intrastate Revenue	_	
3.	LESS: Amounts Paid to Other Telecommunications Companies (1) (see "2. Fees" on back)	(<u></u>)
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	s	0-
5.	Regulatory Assessment Fee Due - (Multiply Line 4 by 0.0020)	*****	· .
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	_	
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)		
8.	Extension Payment Fee (see "4. Extension" on back)		· · · · · · · · · · · · · · · · · · ·
9.	TOTAL AMOUNT DUE (MINIMUM \$100.00)	\$ <u> </u>	100.00
10.	Number of pay telephones in operation at close of period covered by this Return		<u>D</u>

(1) These amounts must be intrastate only and must be verifiable (see "2, Fees" on back).

C	OM the undersigne	d owner/officer of the	above-named cor	mpany, have re	ad the foregoing	and declare that to	o the best of my	knowledge and be	ief the above
r.	information is a true a	and correct statement	I am aware that po	irsuant to Scoti	on 837.06, Florida	Stautes, whoever	knowingly makes	a false statement is	n writing with
ā., I	the number of mistead a	number servant in the n	ertormance of his a	official dury sha	all be omilty of a mi	edemognar at the s	second degree		

(Preparer of Form - Please Print Name)

SGA ADM:/RCP 026 (Rev. 04/07)

CLK Grant

F.E.I. No.

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DOCUMENT NUMBER - DATE

FPSC-COMMISSION CLERK

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.

THE EVERGLADES CLUB, Inc.

356 WORTH AVENUE PALM BEACH, FLORIDA 33480

12-18-08

Dear Sirs or Madame:

Effective immediately, please cancel our certificate#TG965-08-0-R.

We no longer have any pay phones.

If there are any questions or if you need to contact me please call me at the phone number below.

Best regards,

Stephen Branney

Controller

Phn:(561)820-2633