

ROBERTA L. MARCUS, INC.

Marcus Centre • Penthouse One • 9990 Southwest 77 Avenue • Miami, Florida 33156 • 305-596-2345

April 13, 2009

RECEIVED-FPSC
09 APR 14 PM 2:05
COMMISSION
CLERK

Florida Public Service Commission
Division of Commission Clerk and Administrative Services
2540 Shumard Oak Blvd.
Tallahassee, Florida 32399-0850

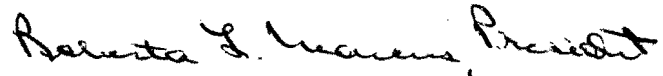
Dear Gentlepersons:

I am in receipt of your correspondence dated April 10th, 2009.

Enclosed please find copies of our application form and related documents that were submitted to your offices on February 5th, 2009. I have contacted our bank to place a stop payment on our check number 12149 in the amount of \$ 250.00 dated February 5, 2009 and I am enclosing at this time a replacement of same.

If you require any additional information, please do not hesitate to contact me.

Very truly yours,

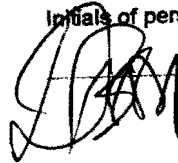


Roberta L. Marcus

RLM/rr
Enc.

Check received with filing and forwarded
to Fiscal for deposit. Fiscal to forward
deposit information to Records.

Initials of person who forwarded check:



STANDARD FORM NO. 64

USE PREVIOUS EDITIONS

DOCUMENT NUMBER-DATE

03370 APR 14 09

FPSC-COMMISSION CLERK

THE MARCUS CENTRE
 9990 S.W. 77TH AVENUE, PH-1
 MIAMI, FLORIDA 33156-2699

EXPLANATION	AMOUNT

63-8376/2670
 12149

PAY AMOUNT OF Two Hundred Fifty Dollars And 00/100 DOLLARS

DATE	TO THE ORDER OF
3/5/09	FLORIDA PUBLIC SERVICE COMMISSION

DESCRIPTION	CHECK NUMBER
APPLICATION FEE	12149

CHECK AMOUNT
 \$ 250.00

ROBERTA L. MARCUS, INC.

BANKATLANTIC
 MIAMI, FL

BY: Roberta L. Marcus



Two Hundred Fifty Dollars And 00/100

DATE	ISSUED TO	REGULAR	FICA	FED.	STATE	CHECK NUMBER	NET AMOUNT
3/5/09	FLORIDA PUBLIC SERVICE COMMISSION					12149	250.00

Roberta L. Marcus

NON-NEGOTIABLE
 RECORD OF EARNINGS OR PAYMENTS

REDACTED

FORM NO. A-35-BPD-1

DOCUMENT NUMBER-DATE
 03370 APR 14 8
 FPSC-COMMISSION CLERK

FLORIDA PUBLIC SERVICE COMMISSION
DIVISION OF COMPETITIVE MARKETS AND ENFORCEMENT
APPLICATION FORM
for
AUTHORITY TO PROVIDE SHARED TENANT SERVICE
WITHIN THE STATE OF FLORIDA

Instructions

- A. This form is used as an application for an original certificate and for approval of sale, assignment or transfer of an existing certificate. In the case of a sale, assignment or transfer, the information provided shall be for the purchaser, assignee or transferee (See Page 9).
- B. Print or type all responses to each item requested in the application and appendices. If an item is not applicable, please explain.
- C. Use a separate sheet for each answer which will not fit the allotted space.
- D. Once completed, submit the original and two (2) copies of this form along with a non-refundable application fee of **\$250.00** to:

Florida Public Service Commission
Division of the Commission Clerk and Administrative Services
2540 Shumard Oak Blvd.
Tallahassee, Florida 32399-0850
(850) 413-6770

- E. A filing fee of **\$250.00** is required for the sale, assignment or transfer of an existing certificate to another company (Chapter 25-24.569, F.A.C.).
- F. If you have questions about completing the form, contact:

Florida Public Service Commission
Division of Competitive Markets and Enforcement
2540 Shumard Oak Blvd.
Tallahassee, Florida 32399-0850
(850) 413-6600

FORM PSC/CMP-37 (01/06)
Required by Commission Rule Nos. 25-24.567,
and 25-24.569

Note: To complete this interactive form
using your computer, use the tab key
to navigate between data entry fields.

DOCUMENT SUPPLIED BY
03370 APR 14 88
FPSC-COMMISSION CLERK

1. This is an application for (check one):

Original certificate (new company).

Approval of transfer of existing certificate: Example, a non-certificated company purchases an existing company and desires to retain the original certificate authority rather than apply for a new certificate.

Approval of Assignment of existing Certificate: Example, a certificated company purchases an existing company and desires to retain the existing certificate of authority and tariff.

Approval for transfer of control: Example, a company purchases 51% of a certificated company. The Commission must approve the new controlling entity.

2. Name of company: Roberta L. Marcus d/b/a The Marcus Centre

3. Name under which applicant will do business (fictitious name, etc.):

The Marcus Centre

4. Official mailing address:

Street/Post Office Box: 9990 S.W. 77th Avenue, PH-1
City: Miami
State: Florida
Zip: 33156

5. Florida address:

Street/Post Office Box: 9990 S.W. 77th Avenue, PH-1
City: Miami
State: Florida
Zip: 33156

6. Structure of organization:

- | | | | |
|--------------------------|---------------------|-------------------------------------|---------------------|
| <input type="checkbox"/> | Individual | <input checked="" type="checkbox"/> | Corporation |
| <input type="checkbox"/> | Foreign Corporation | <input type="checkbox"/> | Foreign Partnership |
| <input type="checkbox"/> | General Partnership | <input type="checkbox"/> | Limited Partnership |
| <input type="checkbox"/> | Other, | | |

7. **If individual**, provide:

Name:
Title:
Street/Post Office Box:
City:
State:
Zip:
Telephone No.:
Fax No.:
E-Mail Address:
Website Address:

8. **If incorporated in Florida**, provide proof of authority to operate in Florida. The Florida Secretary of State corporate registration number is: L75334
9. **If foreign corporation**, provide proof of authority to operate in Florida. The Florida Secretary of State corporate registration number is:
10. **If using fictitious name (d/b/a)**, provide proof of compliance with fictitious name statute (Chapter 865.09, FS) to operate in Florida. The Florida Secretary of State fictitious name registration number is: G01205900021
11. **If a limited liability partnership**, please proof of registration to operate in Florida. The Florida Secretary of State registration number is:
12. **If a partnership**, provide name, title and address of all partners and a copy of the partnership agreement.

Name:
Title:
Street/Post Office Box:
City:
State:
Zip:
Telephone No.:
Fax No.:
E-Mail Address:
Website Address:

13. **If a foreign limited partnership**, provide proof of compliance with the foreign limited partnership statute (Chapter 620.169, FS), if applicable. The Florida registration number is:

14. Provide **F.E.I. Number**(if applicable): 65-0194480

15. Provide the following (if applicable):

(a) Will the name of your company appear on the bill for your services?

Yes No

(b) If not, who will bill for your services?

Name:
Title:
Street/Post Office Box:
City:
State:
Zip:
Telephone No.:
Fax No.:
E-Mail Address:
Website Address:

(c) Who will the billed party contact to ask questions about the bill?

Name: Roberta L. Marcus
Title: President
Telephone No.: 305-596-2345
E-Mail Address: Roberta@MarcusCentre.com

(d) How is this information provided?

In Tenant's Leases and Telephone Statements

16. Who will serve as liaison to the Commission in regard to the following?

(a) The application:

Name: Paul R. Marcus
Title: Secretary
Street name & number: 9990 S.W. 77th Avenue, PH-1
Post office box:
City: Miami
State: Florida
Zip: 33156
Telephone No.: 305-596-2345
Fax No.: 305-274-0220
E-Mail Address: Paul@MarcusCentre.com
Website Address:

(b) Official point of contact for the ongoing operations of the company:

Name: Roberta L. Marcus
Title: President
Street name & number: 9990 S.W. 77th Avenue, PH-1
Post office box:
City: Miami
State: Florida
Zip: 33156
Telephone No.: 305-596-2345
Fax No.: 305-274-0220
E-Mail Address: Roberta@MarcusCentre.com
Website Address:

(c) Complaints/Inquiries from customers:

Name: Roberta L. Marcus
Title: President
Street/Post Office Box: 9990 S.W. 77th Avenue, PH-1
City: Miami
State: Florida
Zip: 33156
Telephone No.: 305-596-2345
Fax No.: 305-274-0220
E-Mail Address: Roberta@MarcusCentre.com
Website Address:

17. List the states in which the applicant:

(a) has operated as an Shared Tenant Service provider.

None

(b) has applications pending to be certificated as an Shared Tenant Service provider.

None

(c) is certificated to operate as an Shared Tenant Service provider.

None

(d) has been denied authority to operate as an Shared Tenant Service provider and the circumstances involved.

None

(e) has had regulatory penalties imposed for violations of telecommunications statutes and the circumstances involved.

None

(f) has been involved in civil court proceedings with an interexchange carrier, local exchange company or other telecommunications entity, and the circumstances involved.

None

18. Indicate if any of the officers, directors, or any of the ten largest stockholders have previously been:

(a) adjudged bankrupt, mentally incompetent (and not had his or her competency restored), or found guilty of any felony or of any crime, or whether such actions may result from pending proceedings. If so, provide explanation.

None

(b) granted or denied a shared tenant services certificate in the State of Florida (this includes active and canceled shared tenant services certificates). If yes, provide explanation and list the certificate holder and certificate number.

None

(c) an officer, director, partner or stockholder in any other Florida certificated telephone company. If yes, give name of company and relationship. If no longer associated with company, give reason why not.

None

19. Submit the following:

(a) Managerial capability: resumes of employees/officers of the company that would indicate sufficient managerial experiences of each. Please See Attached Resume Service Contract with NEC (NEC Unified Solutions, Inc.)

(b) Technical capability: resumes of employees/officers of the company that would indicate sufficient technical experiences or indicate what company has been contracted to conduct technical maintenance.

Service Contract with NEC (NEC Unified Solutions, Inc.)

(c) Financial Capability: applicant's audited financial statements for the most recent three (3) years. If the applicant does not have audited financial statements, it shall so be stated. Unaudited financial statements should be signed by the applicant's chief executive officer and chief financial officer affirming that the financial statements are true and correct and should include:

1. the balance sheet,
2. income statement, and
3. statement of retained earnings.

Do Not Have Audited Financial Statements

Note: This documentation may include, but is not limited to, financial statements, a projected profit and loss statement, credit references, credit bureau reports, and descriptions of business relationships with financial institutions.

Form 1120S

U.S. Income Tax Return for an S Corporation

OMB No. 1545-0130

Department of the Treasury Internal Revenue Service

G Do not file this form unless the corporation has filed or is attaching Form 2553 to elect to be an S corporation. G See separate instructions.

2007

For calendar year 2007 or tax year beginning 2007, ending

Header section containing: A Selection effective date (6/01/1990), B Business activity code number (531120), C Check if Sch M-3 attached, D Employer identification number (65-0194480), E Date incorporated (5/24/1990), F Total assets (see instructions) (\$ 899,986), and G Is the corporation electing to be an S corporation beginning with this tax year? (Yes No, No checked).

H Check if: (1) Final return, (2) Name change, (3) Address change, (4) Amended return, (5) S election termination or revocation. I Enter the number of shareholders in the corporation at the end of the tax year. G 1

Caution. Include only trade or business income and expenses on lines 1a through 21. See the instructions for more information.

Main table with columns for INCOME (lines 1-6), DEDUCTIONS (lines 7-21), TAX AND PAYMENTS (lines 22-27). Includes sub-rows for 22a-c and 23a-c. Total income (line 6) is G. Total deductions (line 20) is G. Estimated tax penalty (line 24) is G.

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature lines for officer and preparer, date, title, and a box for 'May the IRS discuss this return with the preparer shown below?' (Yes checked, No).

Preparer information section: Preparer's signature (Michael J. Zimmerman), Date, Check if self-employed, Preparer's SSN or PTIN (65-0718943), Firm's name (Zimmerman, Marconi & Alzate), address (13320 SW 128th Street, Miami, FL 33186-5899), and Phone no. ((305) 235-9515).

Schedule A Cost of Goods Sold (see instructions)

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	Total. Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and on page 1, line 2	8	

- 9a Check all methods used for valuing closing inventory:
- (i) Cost as described in Regulations section 1.471-3
 - (ii) Lower of cost or market as described in Regulations section 1.471-4
 - (iii) Other (Specify method used and attach explanation.)
- b Check if there was a writedown of subnormal goods as described in Regulations section 1.471-2(c) G
- c Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970) G
- d If the LIFO inventory method was used for this tax year, enter percentage (or amounts) of closing inventory computed under LIFO 9d _____
- e If property is produced or acquired for resale, do the rules of section 263A apply to the corporation? Yes No
- f Was there any change in determining quantities, cost, or valuations between opening and closing inventory? If 'Yes,' attach explanation Yes No

Schedule B Other Information (see instructions)

		Yes	No
1	Check accounting method: a <input checked="" type="checkbox"/> Cash b <input type="checkbox"/> Accrual c <input type="checkbox"/> Other (specify) G _____		
2	See the instructions and enter the: a Business activity G <u>Rental Real Estate</u> b Product or service G <u>Service</u>		
3	At the end of the tax year, did the corporation own, directly or indirectly, 50% or more of the voting stock of a domestic corporation? (For rules of attribution, see section 267(c).) If 'Yes,' attach a statement showing: (a) name and employer identification number (EIN), (b) percentage owned, and (c) if 100% owned, was a QSub election made?		X
4	Has this corporation filed, or is it required to file, a return under section 6111 to provide information on any reportable transaction?		X
5	Check this box if the corporation issued publicly offered debt instruments with original issue discount. If checked, the corporation may have to file Form 8281, Information Return for Publicly Offered Original Issue Discount Instruments. G <input type="checkbox"/>		
6	If the corporation: (a) was a C corporation before it elected to be an S corporation or the corporation acquired an asset with a basis determined by reference to its basis (or the basis of any other property) in the hands of a C corporation and (b) has net unrealized built-in gain (defined in section 1374(d)(1)) in excess of the net recognized built-in gain from prior years, enter the net unrealized built-in gain reduced by net recognized built-in gain from prior years G \$ _____		
7	Enter the accumulated earnings and profits of the corporation at the end of the tax year \$ _____		
8	Are the corporation's total receipts (see instructions) for the tax year and its total assets at the end of the tax year less than \$250,000? If 'Yes,' the corporation is not required to complete Schedules L and M-1		X

Schedule K Shareholders' Pro Rata Share Items

		Total amount
INCOME (LOSS)	1 Ordinary business income (loss) (page 1, line 21)	1
	2 Net rental real estate income (loss) (attach Form 8825)	2 -145,522.
	3a Other gross rental income (loss)	3a
	b Expenses from other rental activities (attach statement)	3b
	c Other net rental income (loss). Subtract line 3b from line 3a	3c
	4 Interest income	4 359.
	5 Dividends: a Ordinary dividends	5a
	b Qualified dividends	5b
	6 Royalties	6
	7 Net short-term capital gain (loss) (attach Schedule D (Form 1120S))	7
8a Net long-term capital gain (loss) (attach Schedule D (Form 1120S))	8a	
b Collectibles (28%) gain (loss)	8b	
c Unrecaptured section 1250 gain (attach statement)	8c	
9 Net section 1231 gain (loss) (attach Form 4797)	9	
10 Other income (loss) (see instructions)	10	

Shareholders' Pro Rata Share Items (continued)		Total amount	
Deductions	11 Section 179 deduction (attach Form 4562).....	11	
	12a Contributions..... See Statement 1.....	12a	1,717.
	b Investment interest expense.....	12b	
	c Section 59(e)(2) expenditures (1) Type G..... (2) Amount G.....	12c (2)	
	d Other deductions (see instructions) Type G.....	12d	
Credits	13a Low-income housing credit (section 42(j)(5)).....	13a	
	b Low-income housing credit (other).....	13b	
	c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468).....	13c	
	d Other rental real estate credits (see instrs) Type G.....	13d	
	e Other rental credits (see instrs) Type G.....	13e	
	f Credit for alcohol used as fuel (attach Form 6478).....	13f	
	g Other credits (see instructions) Type G.....	13g	
Foreign Transactions	14a Name of country or U.S. possession..... G.....		
	b Gross income from all sources.....	14b	
	c Gross income sourced at shareholder level..... Foreign gross income sourced at corporate level.....	14c	
	d Passive category.....	14d	
	e General category.....	14e	
	f Other (attach statement)..... Deductions allocated and apportioned at shareholder level.....	14f	
	g Interest expense.....	14g	
	h Other..... Deductions allocated and apportioned at corporate level to foreign source income.....	14h	
	i Passive category.....	14i	
	j General category.....	14j	
	k Other (attach statement)..... Other information.....	14k	
	l Total foreign taxes (check one): G <input type="checkbox"/> Paid <input type="checkbox"/> Accrued.....	14l	
	m Reduction in taxes available for credit (attach statement).....	14m	
	n Other foreign tax information (attach statement).....		
Alternative Minimum Tax (AMT) Items	15a Post-1986 depreciation adjustment.....	15a	6,306.
	b Adjusted gain or loss.....	15b	
	c Depletion (other than oil and gas).....	15c	
	d Oil, gas, and geothermal properties' gross income.....	15d	
	e Oil, gas, and geothermal properties' deductions.....	15e	
	f Other AMT items (attach statement).....	15f	
Items Affecting Shareholder Basis	16a Tax-exempt interest income.....	16a	
	b Other tax-exempt income.....	16b	
	c Nondeductible expenses.....	16c	59,077.
	d Property distributions.....	16d	
	e Repayment of loans from shareholders.....	16e	
Other Information	17a Investment income.....	17a	359.
	b Investment expenses.....	17b	
	c Dividend distributions paid from accumulated earnings and profits.....	17c	
	d Other items and amounts (attach statement) See Statement 2		
Reconciliation	18 Income/loss reconciliation. Combine the amounts on lines 1 through 10 in the far right column. From the result, subtract the sum of the amounts on lines 11 through 12d and lines 14f.....	18	-146,880.

Schedule L Balance Sheets per Books	Beginning of tax year		End of tax year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash				65.
2a Trade notes and accounts receivable				
b Less allowance for bad debts				
3 Inventories				
4 U.S. government obligations				
5 Tax-exempt securities (see instructions)				
6 Other current assets (attach stmt) See St. 3		11,739.		11,739.
7 Loans to shareholders				
8 Mortgage and real estate loans				
9 Other investments (attach statement)				
10a Buildings and other depreciable assets	1,388,812.		1,388,812.	
b Less accumulated depreciation	840,710.	548,102.	880,666.	508,146.
11a Depletable assets				
b Less accumulated depletion				
12 Land (net of any amortization)		161,100.		161,100.
13a Intangible assets (amortizable only)				
b Less accumulated amortization	-1.	1.		
14 Other assets (attach stmt) See St. 4		224,472.		218,936.
15 Total assets		945,414.		899,986.
Liabilities and Shareholders' Equity				
16 Accounts payable				
17 Mortgages, notes, bonds payable in less than 1 year				
18 Other current liabilities (attach stmt) See St. 5		27,546.		27,262.
19 Loans from shareholders		806,246.		1,046,669.
20 Mortgages, notes, bonds payable in 1 year or more		1,194,961.		1,125,352.
21 Other liabilities (attach statement) See St. 6		10,001.		
22 Capital stock		50.		50.
23 Additional paid-in capital		9,950.		9,950.
24 Retained earnings		-1,103,340.		-1,309,297.
25 Adjustments to shareholders' equity (att stmt)				
26 Less cost of treasury stock				
27 Total liabilities and shareholders' equity		945,414.		899,986.

Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return

Note: Schedule M-3 required instead of Schedule M-1 if total assets are \$10 million or more - see instructions

1 Net income (loss) per books	-205,957.	5 Income recorded on books this year not included on Schedule K, lines 1 through 10 (itemize):	
2 Income included on Schedule K, lines 1, 2, 3c, 4, 5a, 6, 7, 8a, 9, and 10, not recorded on books this year (itemize):		a Tax-exempt interest \$	
3 Expenses recorded on books this year not included on Schedule K, lines 1 through 12, and 14l (itemize):		6 Deductions included on Schedule K, lines 1 through 12, and 14l, not charged against book income this year (itemize):	
a Depreciation \$		a Depreciation \$	
b Travel and entertainment \$ 11,312.		7 Add lines 5 and 6	0.
See Statement 7 47,765.	59,077.	8 Income (loss) (Schedule K, ln 18). Ln 4 less ln 7	-146,880.
4 Add lines 1 through 3	-146,880.		

Schedule M-2 Analysis of Accumulated Adjustments Account, Other Adjustments Account, and Shareholders' Undistributed Taxable Income Previously Taxed (see instructions)

	(a) Accumulated adjustments account	(b) Other adjustments account	(c) Shareholders' undistributed taxable income previously taxed
1 Balance at beginning of tax year	-1,002,542.	-100,798.	
2 Ordinary income from page 1, line 21			
3 Other additions See Statement 8	359.		
4 Loss from page 1, line 21			
5 Other reductions See Statement 9	(206,316.)		
6 Combine lines 1 through 5	-1,208,499.	-100,798.	
7 Distributions other than dividend distributions			
8 Balance at end of tax year. Subtract line 7 from line 6	-1,208,499.	-100,798.	

Schedule K-1
(Form 1120S)

2007

Final K-1

Amended K-1

OMB No. 1545-0130

Department of the Treasury
Internal Revenue Service

For calendar year 2007, or tax
year beginning _____, 2007
ending _____

Shareholder's Share of Income, Deductions,
Credits, etc. G See page 2 of form and separate instructions.

Part III Shareholder's Share of Current Year Income,
Deductions, Credits, and Other Items

Part I Information About the Corporation

A Corporation's employer identification number
65-0194480

B Corporation's name, address, city, state, and ZIP code
Roberta L. Marcus, Inc.
9990 S.W. 77th Avenue
Miami, FL 33156

C IRS Center where corporation filed return
Ogden, UT

Part II Information About the Shareholder

D Shareholder's identifying number

E Shareholder's name, address, city, state, and ZIP code
Roberta Marcus
9990 S.W. 77th Avenue
Miami, FL 33156

F Shareholder's percentage of stock
ownership for tax year 100 %

1	Ordinary business income (loss)	13	Credits
2	Net rental real estate income (loss) * -145,522.		
3	Other net rental income (loss)		
4	Interest income 359.		
5a	Ordinary dividends		
5b	Qualified dividends	14	Foreign transactions
6	Royalties		
7	Net short-term capital gain (loss)		
8a	Net long-term capital gain (loss)		
8b	Collectibles (28%) gain (loss)		
8c	Unrecaptured section 1250 gain		
9	Net section 1231 gain (loss)		
10	Other income (loss)	15 A	Alternative minimum tax (AMT) items 6,306.
11	Section 179 deduction	16 C	Items affecting shareholder basis 59,077.
12	Other deductions A 1,717.		
		17 A	Other information 359.
		T*	STMT

*See attached statement for additional information.

FOR
IRS
USE
ONLY

This list identifies the codes used on Schedule K-1 for all shareholders and provides summarized reporting information for shareholders who file Form 1040. For detailed reporting and filing information, see the separate Shareholder's Instructions for Schedule K-1 and the instructions for your income tax return.

	Code	Report on	
1 Ordinary business income (loss). You must first determine whether the income (loss) is passive or nonpassive. Then enter on your return as follows:			
Passive loss		See the Shareholder's Instructions	
Passive income		Schedule E, line 28, column (g)	
Nonpassive loss		Schedule E, line 28, column (h)	
Nonpassive income		Schedule E, line 28, column (j)	
2 Net rental real estate income (loss)		See the Shareholder's Instructions	
3 Other net rental income (loss)			
Net income		Schedule E, line 28, column (g)	
Net loss		See the Shareholder's Instructions	
4 Interest income		Form 1040, line 8a	
5a Ordinary dividends		Form 1040, line 9a	
5b Qualified dividends		Form 1040, line 9b	
6 Royalties		Schedule E, line 4	
7 Net short-term capital gain (loss)		Schedule D, line 5, column (f)	
8a Net long-term capital gain (loss)		Schedule D, line 12, column (f)	
8b Collectibles (28%) gain (loss)		28% Rate Gain Worksheet, line 4 (Schedule D instructions)	
8c Unrecaptured section 1250 gain		See the Shareholder's Instructions	
9 Net section 1231 gain (loss)		See the Shareholder's Instructions	
10 Other income (loss)			
Code			
A Other portfolio income (loss)		See the Shareholder's Instructions	
B Involuntary conversions		See the Shareholder's Instructions	
C Section 1256 contracts and straddles		Form 6781, line 1	
D Mining exploration costs recapture		See Pub 535	
E Other income (loss)		See the Shareholder's Instructions	
11 Section 179 deduction		See the Shareholder's Instructions	
12 Other deductions			
A Cash contributions (50%)	}	See the Shareholder's Instructions	
B Cash contributions (30%)			
C Noncash contributions (50%)			
D Noncash contributions (30%)			
E Capital gain property to a 50% organization (30%)	}	See the Shareholder's Instructions	
F Capital gain property (20%)			
G Investment interest expense			Form 4952, line 1
H Deductions - royalty income			Schedule E, line 18
I Section 59(e)(2) expenditures		See the Shareholder's Instructions	
J Deductions - portfolio (2% floor)		Schedule A, line 23	
K Deductions - portfolio (other)		Schedule A, line 28	
L Preproductive period expenses		See the Shareholder's Instructions	
M Commercial revitalization deduction from rental real estate activities		See Form 8582 Instructions	
N Reforestation expense deduction		See the Shareholder's Instructions	
O Domestic production activities information		See Form 8903 Instructions	
P Qualified production activities income		Form 8903, line 7	
Q Employer's Form W-2 wages		Form 8903, line 15	
R Other deductions		See the Shareholder's Instructions	
13 Credits			
A Low-income housing credit (section 42(j)(5))	}	See the Shareholder's Instructions	
B Low-income housing credit (other)			
C Qualified rehabilitation expenditures (rental real estate)			
D Other rental real estate credits			
E Other rental credits	}	Form 1040, line 70, check box a	
F Undistributed capital gains credit			
G Credit for alcohol used as fuel			
H Work opportunity credit			
I Welfare-to-work credit	}	See the Shareholder's Instructions	
J Disabled access credit			
K Empowerment zone and renewal community employment credit		Form 8844, line 3	
	L Credit for increasing research activities	} See the Shareholder's Instructions	
	M New markets credit		
	N Credit for employer social security and Medicare taxes		
	O Backup withholding	Form 1040, line 64	
	P Other credits	See the Shareholder's Instructions	
14 Foreign transactions			
A Name of country or U.S. possession	}	Form 1116, Part I	
B Gross income from all sources			
C Gross income sourced at shareholder level			
	Foreign gross income sourced at corporate level		
D Passive category	}	Form 1116, Part I	
E General category			
F Other			
	Deductions allocated and apportioned at shareholder level		
G Interest expense		Form 1116, Part I	
H Other		Form 1116, Part I	
	Deductions allocated and apportioned at corporate level to foreign source income		
I Passive category	}	Form 1116, Part I	
J General category			
K Other			
	Other information		
L Total foreign taxes paid		Form 1116, Part II	
M Total foreign taxes accrued		Form 1116, Part II	
N Reduction in taxes available for credit		Form 1116, line 12	
O Foreign trading gross receipts		Form 8873	
P Extraterritorial income exclusion		Form 8873	
Q Other foreign transactions		See the Shareholder's Instructions	
15 Alternative minimum tax (AMT) items			
A Post-1986 depreciation adjustment	}	See the Shareholder's Instructions and the Instructions for Form 6251	
B Adjusted gain or loss			
C Depletion (other than oil & gas)			
D Oil, gas, & geothermal - gross income			
E Oil, gas, & geothermal - deductions			
F Other AMT items			
16 Items affecting shareholder basis			
A Tax-exempt interest income		Form 1040, line 8b	
B Other tax-exempt income	}	See the Shareholder's Instructions	
C Nondeductible expenses			
D Property distributions			
E Repayment of loans from shareholders			
F Other information			
A Investment income		Form 4952, line 4a	
B Investment expenses		Form 4952, line 5	
C Qualified rehabilitation expenditures (other than rental real estate)		See the Shareholder's Instructions	
D Basis of energy property		See the Shareholder's Instructions	
E Recapture of low-income housing credit (section 42(j)(5))		Form 8611, line 8	
F Recapture of low-income housing credit (other)		Form 8611, line 8	
G Recapture of investment credit		See Form 4255	
H Recapture of other credits		See the Shareholder's Instructions	
I Look-back interest - completed long-term contracts		See Form 8697	
J Look-back interest - income forecast method		See Form 8866	
K Dispositions of property with section 179 deductions	}	See the Shareholder's Instructions	
L Recapture of section 179 deduction			
M Section 453(l)(3) information			
N Section 453(a) information			
O Section 1260(b) information			
P Interest allocable to production expenditures			
Q CCF nonqualified withdrawals			
R Information needed to figure depletion - oil and gas			
S Amortization of reforestation costs			
T Other information			

REDACTED

Roberta L. Marcus, Inc. 65-0194480

Schedule K-1 (Form 1120S) 2007

Supplemental Information

Page **3**

Box 2
Net Rental Real Estate Income (loss)

<u>Property Description</u>	<u>Gross Income</u>	<u>Net Expenses</u>	<u>Net Income</u>	<u>Passive Nonpass</u>	<u>Sec. 1231 Total</u>
Office Rental	591,596.	737,118.	\$ -145,522.	NonPass	
		Total	<u>\$ -145,522.</u>		

Box 17
Other Information

* Descriptive Information

T Officer's Health Insurance.....	\$	11,623.
T Officer's Life Insurance.....		36,142.

Shareholder 1 : Roberta Marcus

**Application for Automatic 6-Month Extension of Time To File
Certain Business Income Tax, Information, and Other Returns**

G File a separate application for each return.

Type or Print File by the due date for the return for which an extension is requested. See instructions.	Name Roberta L. Marcus, Inc.	Identifying number 65-0194480
	Number, street, and room or suite number. (If P.O. box, see instructions.) 9990 S.W. 77th Avenue	
	City, town, state, and ZIP code (If a foreign address, enter city, province or state, and country (follow the country's practice for entering postal code)). Miami, FL 33156	

Note. See instructions before completing this form.

- 1 Enter the form code for the return that this application is for (see below) 25
 - 2 If the foreign corporation does not have an office or place of business in the United States, check here G
 - 3 If the organization is a corporation or partnership that qualifies under Regulations section 1.6081-5, check here G
 - 4a The application is for calendar year 20 07, or tax year beginning _____, 20 ____, and ending _____, 20 ____
 - b Short tax year. If this tax year is less than 12 months, check the reason:
 Initial return Final return Change in accounting period Consolidated return to be filed
 - 5 If the organization is a corporation and is the common parent of a group that intends to file a consolidated return, check here G
 If checked, attach a schedule, listing the name, address, and Employer Identification Number (EIN) for each member covered by this application.
- | | | |
|---|---|----|
| 6 Tentative total tax | 6 | 0. |
| 7 Total payments and credits (see instructions) | 7 | 0. |
| 8 Balance due. Subtract line 7 from line 6. Generally, you must deposit this amount using the Electronic Federal Tax Payment System (EFTPS), a Federal Tax Deposit (FTD) Coupon, or Electronic Funds Withdrawal (EFW) (see instructions for exceptions) | 8 | 0. |

Application Is For:	Form Code	Application Is For:	Form Code
Form 706-GS(D)	01	Form 1120-ND	19
Form 706-GS(T)	02	Form 1120-ND (section 4951 taxes)	20
Form 1041 (estate)	04	Form 1120-PC	21
Form 1041 (trust)	05	Form 1120-POL	22
Form 1041-N	06	Form 1120-REIT	23
Form 1041-QET	07	Form 1120-RIC	24
Form 1042	08	Form 1120-S	25
Form 1065	09	Form 1120-SF	26
Form 1065-B	10	Form 3520-A	27
Form 1066	11	Form 8612	28
Form 1120	12	Form 8613	29
Form 1120-A (fiscal year 2006-2007 corporations)	14	Form 8725	30
Form 1120-C	34	Form 8804	31
Form 1120-E	15	Form 8831	32
Form 1120-FSC	16	Form 8876	33
Form 1120-H	17	Form 8924	35
Form 1120-L	18		

BAA For Paperwork Reduction Act Notice, see separate instructions.

Rental Real Estate Income and Expenses of a Partnership or an S Corporation

Department of the Treasury
Internal Revenue Service

G See instructions.
G Attach to Form 1065, Form 1065-B, or Form 1120S.

Name: **Roberta L. Marcus, Inc.** Employer identification number: **65-0194480**

- 1 Show the kind and location of each property. See page 2 to list additional properties.
- A Office Rental
9990 S. W. 77 Avenue, Miami, Florida
- B -----
- C -----
- D -----

Rental Real Estate Income	Properties			
	A	B	C	D
2 Gross rents	591,596.			
Rental Real Estate Expenses				
3 Advertising	1,311.			
4 Auto and travel	19,123.			
5 Cleaning and maintenance				
6 Commissions				
7 Insurance	35,252.			
8 Legal and other professional fees	3,530.			
9 Interest	71,259.			
10 Repairs	177,704.			
11 Taxes	158,448.			
12 Utilities	51,157.			
13 Wages and salaries	71,182.			
14 Depreciation (see instructions)	39,956.			
15 Other (list G) <u>See Statement 10</u>	108,196.			
16 Total expenses for each property. Add lines 3 through 15	737,118.			
17 Total gross rents. Add gross rents from line 2, columns A through H			591,596.	
18 Total expenses. Add total expenses from line 16, columns A through H			-737,118.	
19 Net gain (loss) from Form 4797, Part II, line 17, from the disposition of property from rental real estate activities				
20a Net income (loss) from rental real estate activities from partnerships, estates, and trusts in which this partnership or S corporation is a partner or beneficiary (from Schedule K-1)				
b Identify below the partnerships, estates, or trusts from which net income (loss) is shown on line 20a. Attach a schedule if more space is needed:				
(1) Name	(2) Employer identification number			
-----	-----			
-----	-----			
21 Net rental real estate income (loss). Combine lines 17 through 20a. Enter the result here and on: ? Form 1065 or 1120S: Schedule K, line 2, or ? Form 1065-B: Part I, line 4			-145,522.	

THIS PAGE MUST BE COMPLETED AND SIGNED

REGULATORY ASSESSMENT FEE: I understand that all telephone companies must pay a regulatory assessment fee. Regardless of the gross operating revenue of a company, a minimum annual assessment fee, as defined by the Commission, is required.

RECEIPT AND UNDERSTANDING OF RULES: I acknowledge receipt and understanding of the Florida Public Service Commission's rules and orders relating to the provisioning of shared tenant service (STS) in Florida.

APPLICANT ACKNOWLEDGEMENT: By my signature below, I, the undersigned officer, attest to the accuracy of the information contained in this application and attached documents and that the applicant has the technical expertise, managerial ability, and financial capability to provide alternative access vendor service in the State of Florida. I have read the foregoing and declare that, to the best of my knowledge and belief, the information is true and correct. I attest that I have the authority to sign on behalf of my company and agree to comply, now and in the future, with all applicable Commission rules and orders.

Further, I am aware that, pursuant to Chapter 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, punishable as provided in s. 775.082 and s. 775.083.**"

Company Owner or Officer

Print Name: Paul R. Marcus
Title: Secretary
Telephone No.: 305-596-2345
E-Mail Address: Paul@MarcusCentre.com

Signature: _____ 

Date: 2-5-09 _____

FLORIDA PUBLIC SERVICE COMMISSION
DIVISION OF COMPETITIVE MARKETS AND ENFORCEMENT
APPLICATION FORM
for
AUTHORITY TO PROVIDE SHARED TENANT SERVICE
WITHIN THE STATE OF FLORIDA

Instructions

- A. This form is used as an application for an original certificate and for approval of sale, assignment or transfer of an existing certificate. In the case of a sale, assignment or transfer, the information provided shall be for the purchaser, assignee or transferee (See Page 9).
- B. Print or type all responses to each item requested in the application and appendices. If an item is not applicable, please explain.
- C. Use a separate sheet for each answer which will not fit the allotted space.
- D. Once completed, submit the original and two (2) copies of this form along with a non-refundable application fee of **\$250.00** to:

Florida Public Service Commission
Division of the Commission Clerk and Administrative Services
2540 Shumard Oak Blvd.
Tallahassee, Florida 32399-0850
(850) 413-6770

- E. A filing fee of **\$250.00** is required for the sale, assignment or transfer of an existing certificate to another company (Chapter 25-24.569, F.A.C.).
- F. If you have questions about completing the form, contact:

Florida Public Service Commission
Division of Competitive Markets and Enforcement
2540 Shumard Oak Blvd.
Tallahassee, Florida 32399-0850
(850) 413-6600

1. This is an application for (check one):

Original certificate (new company).

Approval of transfer of existing certificate: Example, a non-certificated company purchases an existing company and desires to retain the original certificate authority rather than apply for a new certificate.

Approval of Assignment of existing Certificate: Example, a certificated company purchases an existing company and desires to retain the existing certificate of authority and tariff.

Approval for transfer of control: Example, a company purchases 51% of a certificated company. The Commission must approve the new controlling entity.

2. Name of company: Roberta L. Marcus d/b/a The Marcus Centre

3. Name under which applicant will do business (fictitious name, etc.):

The Marcus Centre

4. Official mailing address:

Street/Post Office Box: 9990 S.W. 77th Avenue, PH-1
City: Miami
State: Florida
Zip: 33156

5. Florida address:

Street/Post Office Box: 9990 S.W. 77th Avenue, PH-1
City: Miami
State: Florida
Zip: 33156

6. Structure of organization:

- | | | | |
|--------------------------|---------------------|-------------------------------------|---------------------|
| <input type="checkbox"/> | Individual | <input checked="" type="checkbox"/> | Corporation |
| <input type="checkbox"/> | Foreign Corporation | <input type="checkbox"/> | Foreign Partnership |
| <input type="checkbox"/> | General Partnership | <input type="checkbox"/> | Limited Partnership |
| <input type="checkbox"/> | Other, | | |

7. **If individual**, provide:

Name:
Title:
Street/Post Office Box:
City:
State:
Zip:
Telephone No.:
Fax No.:
E-Mail Address:
Website Address:

8. **If incorporated in Florida**, provide proof of authority to operate in Florida. The Florida Secretary of State corporate registration number is: L75334

9. **If foreign corporation**, provide proof of authority to operate in Florida. The Florida Secretary of State corporate registration number is:

10. **If using fictitious name (d/b/a)**, provide proof of compliance with fictitious name statute (Chapter 865.09, FS) to operate in Florida. The Florida Secretary of State fictitious name registration number is: G01205900021

11. **If a limited liability partnership**, please proof of registration to operate in Florida. The Florida Secretary of State registration number is:

12. **If a partnership**, provide name, title and address of all partners and a copy of the partnership agreement.

Name:
Title:
Street/Post Office Box:
City:
State:
Zip:
Telephone No.:
Fax No.:
E-Mail Address:
Website Address:

13. **If a foreign limited partnership**, provide proof of compliance with the foreign limited partnership statute (Chapter 620.169, FS), if applicable. The Florida registration number is:

14. Provide **F.E.I. Number**(if applicable): 65-0194480

15. Provide the following (if applicable):

(a) Will the name of your company appear on the bill for your services?

Yes No

(b) If not, who will bill for your services?

Name:
Title:
Street/Post Office Box:
City:
State:
Zip:
Telephone No.:
Fax No.:
E-Mail Address:
Website Address:

(c) Who will the billed party contact to ask questions about the bill?

Name: Roberta L. Marcus
Title: President
Telephone No.: 305-596-2345
E-Mail Address: Roberta@MarcusCentre.com

(d) How is this information provided?

In Tenant's Leases and Telephone Statements

16. Who will serve as liaison to the Commission in regard to the following?

(a) The application:

Name: Paul R. Marcus
Title: Secretary
Street name & number: 9990 S.W. 77th Avenue, PH-1
Post office box:
City: Miami
State: Florida
Zip: 33156
Telephone No.: 305-596-2345
Fax No.: 305-274-0220
E-Mail Address: Paul@MarcusCentre.com
Website Address:

(b) Official point of contact for the ongoing operations of the company:

Name: Roberta L. Marcus
Title: President
Street name & number: 9990 S.W. 77th Avenue, PH-1
Post office box:
City: Miami
State: Florida
Zip: 33156
Telephone No.: 305-596-2345
Fax No.: 305-274-0220
E-Mail Address: Roberta@MarcusCentre.com
Website Address:

(c) Complaints/Inquiries from customers:

Name: Roberta L. Marcus
Title: President
Street/Post Office Box: 9990 S.W. 77th Avenue, PH-1
City: Miami
State: Florida
Zip: 33156
Telephone No.: 305-596-2345
Fax No.: 305-274-0220
E-Mail Address: Roberta@MarcusCentre.com
Website Address:

17. List the states in which the applicant:

(a) has operated as an Shared Tenant Service provider.

None

(b) has applications pending to be certificated as an Shared Tenant Service provider.

None

(c) is certificated to operate as an Shared Tenant Service provider.

None

(d) has been denied authority to operate as an Shared Tenant Service provider and the circumstances involved.

None

(e) has had regulatory penalties imposed for violations of telecommunications statutes and the circumstances involved.

None

(f) has been involved in civil court proceedings with an interexchange carrier, local exchange company or other telecommunications entity, and the circumstances involved.

None

18. Indicate if any of the officers, directors, or any of the ten largest stockholders have previously been:

(a) adjudged bankrupt, mentally incompetent (and not had his or her competency restored), or found guilty of any felony or of any crime, or whether such actions may result from pending proceedings. If so, provide explanation.

None

(b) granted or denied a shared tenant services certificate in the State of Florida (this includes active and canceled shared tenant services certificates). If yes, provide explanation and list the certificate holder and certificate number.

None

(c) an officer, director, partner or stockholder in any other Florida certificated telephone company. If yes, give name of company and relationship. If no longer associated with company, give reason why not.

None

19. Submit the following:

(a) Managerial capability: resumes of employees/officers of the company that would indicate sufficient managerial experiences of each. Please See Attached Resume Service Contract with NEC (NEC Unified Solutions, Inc.)

(b) Technical capability: resumes of employees/officers of the company that would indicate sufficient technical experiences or indicate what company has been contracted to conduct technical maintenance.

Service Contract with NEC (NEC Unified Solutions, Inc.)

(c) Financial Capability: applicant's audited financial statements for the most recent three (3) years. If the applicant does not have audited financial statements, it shall so be stated. Unaudited financial statements should be signed by the applicant's chief executive officer and chief financial officer affirming that the financial statements are true and correct and should include:

1. the balance sheet,
2. income statement, and
3. statement of retained earnings.

Do Not Have Audited Financial Statements

Note: This documentation may include, but is not limited to, financial statements, a projected profit and loss statement, credit references, credit bureau reports, and descriptions of business relationships with financial institutions.

Form 1120S

U.S. Income Tax Return for an S Corporation

OMB No. 1545-0130

Department of the Treasury Internal Revenue Service

G Do not file this form unless the corporation has filed or is attaching Form 2553 to elect to be an S corporation. G See separate instructions.

2007

For calendar year 2007 or tax year beginning , 2007, ending

Form header section containing: A S election effective date (6/01/1990), B Business activity code number (531120), C Check if Sch M-3 attached, D Employer identification number (65-0194480), E Date incorporated (5/24/1990), F Total assets (see instructions) (\$ 899,986), and company name/address (Roberta L. Marcus, Inc., 9990 S.W. 77th Avenue, Miami, FL 33156).

Form section containing: G Is the corporation electing to be an S corporation beginning with this tax year? (Yes/No), H Check if: (1) Final return, (2) Name change, (3) Address change, (4) Amended return, (5) S election termination or revocation, I Enter the number of shareholders in the corporation at the end of the tax year (G 1).

Caution. Include only trade or business income and expenses on lines 1a through 21. See the instructions for more information.

Table with 3 columns: Description, Amount, and Balance. Rows include: 1a Gross receipts or sales, 2 Cost of goods sold, 3 Gross profit, 4 Net gain (loss), 5 Other income (loss), 6 Total income (loss), 7 Compensation of officers, 8 Salaries and wages, 9 Repairs and maintenance, 10 Bad debts, 11 Rents, 12 Taxes and licenses, 13 Interest, 14 Depreciation not claimed, 15 Depletion, 16 Advertising, 17 Pension, profit-sharing, etc. plans, 18 Employee benefit programs, 19 Other deductions, 20 Total deductions, 21 Ordinary business income (loss).

Table with 3 columns: Description, Amount, and Balance. Rows include: 22a Excess net passive income or LIFO recapture tax, 22b Tax from Schedule D, 22c Add lines 22a and 22b, 23a 2007 estimated tax payments and 2006 overpayment credited to 2007, 23b Tax deposited with Form 7004, 23c Credit for federal tax paid on fuels, 23d Add lines 23a through 23c, 24 Estimated tax penalty, 25 Amount owed, 26 Overpayment, 27 Enter amount from line 26 Credited to 2008 estimated tax (Refunded).

Sign Here section containing: Declaration of preparer, Signature of officer (A Michael J. Zimmerman), Date, Title, and a box for 'May the IRS discuss this return with the preparer shown below?' (checked Yes).

Preparer information section containing: Preparer's signature (A Michael J. Zimmerman), Date, Preparer's SSN or PTIN, Firm's name (Zimmerman, Marconi & Alzate), Firm's address (13320 SW 128th Street, Miami, FL 33186-5899), EIN (65-0718943), and Phone no. ((305) 235-9515).

Schedule A Cost of Goods Sold (see instructions)

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	Total. Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and on page 1, line 2.	8	

9a Check all methods used for valuing closing inventory:

- (i) Cost as described in Regulations section 1.471-3
- (ii) Lower of cost or market as described in Regulations section 1.471-4
- (iii) Other (Specify method used and attach explanation.)

b Check if there was a writedown of subnormal goods as described in Regulations section 1.471-2(c) G

c Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970) G

d If the LIFO inventory method was used for this tax year, enter percentage (or amounts) of closing inventory computed under LIFO 9d

e If property is produced or acquired for resale, do the rules of section 263A apply to the corporation? Yes No

f Was there any change in determining quantities, cost, or valuations between opening and closing inventory? If 'Yes,' attach explanation Yes No

Schedule B Other Information (see instructions)

		Yes	No
1	Check accounting method: a <input checked="" type="checkbox"/> Cash b <input type="checkbox"/> Accrual c <input type="checkbox"/> Other (specify) <u>G</u>		
2	See the instructions and enter the: a Business activity <u>G Rental Real Estate</u> b Product or service <u>G Service</u>		
3	At the end of the tax year, did the corporation own, directly or indirectly, 50% or more of the voting stock of a domestic corporation? (For rules of attribution, see section 267(c).) If 'Yes,' attach a statement showing: (a) name and employer identification number (EIN), (b) percentage owned, and (c) if 100% owned, was a QSub election made?		X
4	Has this corporation filed, or is it required to file, a return under section 6111 to provide information on any reportable transaction?		X
5	Check this box if the corporation issued publicly offered debt instruments with original issue discount. If checked, the corporation may have to file Form 8281, Information Return for Publicly Offered Original Issue Discount Instruments. G <input type="checkbox"/>		
6	If the corporation: (a) was a C corporation before it elected to be an S corporation or the corporation acquired an asset with a basis determined by reference to its basis (or the basis of any other property) in the hands of a C corporation and (b) has net unrealized built-in gain (defined in section 1374(d)(1)) in excess of the net recognized built-in gain from prior years, enter the net unrealized built-in gain reduced by net recognized built-in gain from prior years. G \$ <input type="text"/>		
7	Enter the accumulated earnings and profits of the corporation at the end of the tax year. \$ <input type="text"/>		
8	Are the corporation's total receipts (see instructions) for the tax year and its total assets at the end of the tax year less than \$250,000? If 'Yes,' the corporation is not required to complete Schedules L and M-1.		X

Schedule K Shareholders' Pro Rata Share Items

		Total amount
1	Ordinary business income (loss) (page 1, line 21)	1
2	Net rental real estate income (loss) (attach Form 8825)	2
3a	Other gross rental income (loss)	3a
3b	Expenses from other rental activities (attach statement)	3b
3c	Other net rental income (loss). Subtract line 3b from line 3a	3c
4	Interest income	4
5a	Dividends: a Ordinary dividends	5a
5b	b Qualified dividends	5b
6	Royalties	6
7	Net short-term capital gain (loss) (attach Schedule D (Form 1120S))	7
8a	Net long-term capital gain (loss) (attach Schedule D (Form 1120S))	8a
8b	b Collectibles (28%) gain (loss)	8b
8c	c Unrecaptured section 1250 gain (attach statement)	8c
9	Net section 1231 gain (loss) (attach Form 4797)	9
10	Other income (loss) (see instructions)	10

Total amount: 359.

Shareholders' Pro Rata Share Items (continued)		Total amount	
Deductions	11 Section 179 deduction (attach Form 4562).....	11	
	12a Contributions..... See Statement 1.....	12a	1,717.
	b Investment interest expense.....	12b	
	c Section 59(e)(2) expenditures (1) Type G..... (2) Amount G.....	12c (2)	
	d Other deductions (see instructions)..... Type G.....	12d	
Credits	13a Low-income housing credit (section 42(j)(5)).....	13a	
	b Low-income housing credit (other).....	13b	
	c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468).....	13c	
	d Other rental real estate credits (see instrs) Type G.....	13d	
	e Other rental credits (see instrs) Type G.....	13e	
	f Credit for alcohol used as fuel (attach Form 6478).....	13f	
	g Other credits (see instructions)..... Type G.....	13g	
	Foreign Transactions	14a Name of country or U.S. possession..... G.....	
b Gross income from all sources.....		14b	
c Gross income sourced at shareholder level.....		14c	
Foreign gross income sourced at corporate level.....			
d Passive category.....		14d	
e General category.....		14e	
f Other (attach statement).....		14f	
Deductions allocated and apportioned at shareholder level.....			
g Interest expense.....		14g	
h Other.....		14h	
Deductions allocated and apportioned at corporate level to foreign source income.....			
i Passive category.....		14i	
j General category.....		14j	
k Other (attach statement).....		14k	
Other information.....			
l Total foreign taxes (check one): G <input type="checkbox"/> Paid <input type="checkbox"/> Accrued.....	14l		
m Reduction in taxes available for credit (attach statement).....	14m		
n Other foreign tax information (attach statement).....			
Alternative Minimum Tax (AMT) Items	15a Post-1986 depreciation adjustment.....	15a	6,306.
	b Adjusted gain or loss.....	15b	
	c Depletion (other than oil and gas).....	15c	
	d Oil, gas, and geothermal properties' gross income.....	15d	
	e Oil, gas, and geothermal properties' deductions.....	15e	
	f Other AMT items (attach statement).....	15f	
Items Affecting Shareholder Basis	16a Tax-exempt interest income.....	16a	
	b Other tax-exempt income.....	16b	
	c Nondeductible expenses.....	16c	59,077.
	d Property distributions.....	16d	
	e Repayment of loans from shareholders.....	16e	
Other Information	17a Investment income.....	17a	359.
	b Investment expenses.....	17b	
	c Dividend distributions paid from accumulated earnings and profits.....	17c	
	d Other items and amounts (attach statement)..... See Statement 2.....		
Reconciliation	18 Income/loss reconciliation. Combine the amounts on lines 1 through 10 in the far right column. From the result, subtract the sum of the amounts on lines 11 through 12d and lines 14l.....	18	-146,880.

Schedule L Balance Sheets per Books	Beginning of tax year		End of tax year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash				65.
2a Trade notes and accounts receivable				
b Less allowance for bad debts				
3 Inventories				
4 U.S. government obligations				
5 Tax-exempt securities (see instructions)				
6 Other current assets (attach stmt) See St. 3		11,739.		11,739.
7 Loans to shareholders				
8 Mortgage and real estate loans				
9 Other investments (attach statement)				
10a Buildings and other depreciable assets	1,388,812.		1,388,812.	
b Less accumulated depreciation	840,710.	548,102.	880,666.	508,146.
11a Depletable assets				
b Less accumulated depletion				
12 Land (net of any amortization)		161,100.		161,100.
13a Intangible assets (amortizable only)				
b Less accumulated amortization	-1.	1.		
14 Other assets (attach stmt) See St. 4		224,472.		218,936.
15 Total assets		945,414.		899,986.
Liabilities and Shareholders' Equity				
16 Accounts payable				
17 Mortgages, notes, bonds payable in less than 1 year				
18 Other current liabilities (attach stmt) See St. 5		27,546.		27,262.
19 Loans from shareholders		806,246.		1,046,669.
20 Mortgages, notes, bonds payable in 1 year or more		1,194,961.		1,125,352.
21 Other liabilities (attach statement) See St. 6		10,001.		
22 Capital stock		50.		50.
23 Additional paid-in capital		9,950.		9,950.
24 Retained earnings		-1,103,340.		-1,309,297.
25 Adjustments to shareholders' equity (att stmt)				
26 Less cost of treasury stock				
27 Total liabilities and shareholders' equity		945,414.		899,986.

Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return

Note: Schedule M-3 required instead of Schedule M-1 if total assets are \$10 million or more - see instructions

1 Net income (loss) per books	-205,957.	5 Income recorded on books this year not included on Schedule K, lines 1 through 10 (itemize):	
2 Income included on Schedule K, lines 1, 2, 3c, 4, 5a, 6, 7, 8a, 9, and 10, not recorded on books this year (itemize):		a Tax-exempt interest \$	
3 Expenses recorded on books this year not included on Schedule K, lines 1 through 12, and 14l (itemize):		6 Deductions included on Schedule K, lines 1 through 12, and 14l, not charged against book income this year (itemize):	
a Depreciation \$		a Depreciation \$	
b Travel and entertainment \$ 11,312.		7 Add lines 5 and 6	0.
See Statement 7 47,765.	59,077.	8 Income (loss) (Schedule K, ln 18). Ln 4 less ln 7	-146,880.
4 Add lines 1 through 3	-146,880.		

Schedule M-2 Analysis of Accumulated Adjustments Account, Other Adjustments Account, and Shareholders' Undistributed Taxable Income Previously Taxed (see instructions)

	(a) Accumulated adjustments account	(b) Other adjustments account	(c) Shareholders' undistributed taxable income previously taxed
1 Balance at beginning of tax year	-1,002,542.	-100,798.	
2 Ordinary income from page 1, line 21			
3 Other additions See Statement 8	359.		
4 Loss from page 1, line 21			
5 Other reductions See Statement 9	(206,316.)		
6 Combine lines 1 through 5	-1,208,499.	-100,798.	
7 Distributions other than dividend distributions			
8 Balance at end of tax year. Subtract line 7 from line 6	-1,208,499.	-100,798.	

REDACTED

671107

OMB No. 1545-0130

Schedule K-1
(Form 1120S)

2007

Final K-1

Amended K-1

Department of the Treasury
Internal Revenue Service

For calendar year 2007, or tax
year beginning _____, 2007
ending _____,

Shareholder's Share of Income, Deductions,
Credits, etc. G See page 2 of form and separate instructions.

Part III Shareholder's Share of Current Year Income,
Deductions, Credits, and Other Items

Part I Information About the Corporation

A Corporation's employer identification number
65-0194480

B Corporation's name, address, city, state, and ZIP code
Roberta L. Marcus, Inc.
9990 S.W. 77th Avenue
Miami, FL 33156

C IRS Center where corporation filed return
Ogden, UT

Part II Information About the Shareholder

D Shareholder's identifying number

E Shareholder's name, address, city, state, and ZIP code
Roberta Marcus
9990 S.W. 77th Avenue
Miami, FL 33156

F Shareholder's percentage of stock
ownership for tax year 100 %

FOR
IRS
USE
ONLY

1	Ordinary business income (loss)	13	Credits
2	Net rental real estate income (loss) * -145,522.		
3	Other net rental income (loss)		
4	Interest income 359.		
5a	Ordinary dividends		
5b	Qualified dividends	14	Foreign transactions
6	Royalties		
7	Net short-term capital gain (loss)		
8a	Net long-term capital gain (loss)		
8b	Collectibles (28%) gain (loss)		
8c	Unrecaptured section 1250 gain		
9	Net section 1231 gain (loss)		
10	Other income (loss)	15 A	Alternative minimum tax (AMT) items 6,306.
11	Section 179 deduction	16 C	Items affecting shareholder basis 59,077.
12	Other deductions A 1,717.		
		17 A	Other information 359.
		T*	STMT

*See attached statement for additional information.

This list identifies the codes used on Schedule K-1 for all shareholders and provides summarized reporting information for shareholders who file Form 1040. For detailed reporting and filing information, see the separate Shareholder's Instructions for Schedule K-1 and the instructions for your income tax return.

	Code	Report on
1 Ordinary business income (loss). You must first determine whether the income (loss) is passive or nonpassive. Then enter on your return as follows:		
Passive loss		Report on
Passive income		See the Shareholder's Instructions
Nonpassive loss		Schedule E, line 28, column (g)
Nonpassive income		Schedule E, line 28, column (h)
2 Net rental real estate income (loss)		Schedule E, line 28, column (j)
3 Other net rental income (loss)		See the Shareholder's Instructions
Net income		Schedule E, line 28, column (g)
Net loss		See the Shareholder's Instructions
4 Interest income		Form 1040, line 8a
5a Ordinary dividends		Form 1040, line 9a
5b Qualified dividends		Form 1040, line 9b
6 Royalties		Schedule E, line 4
7 Net short-term capital gain (loss)		Schedule D, line 5, column (f)
8a Net long-term capital gain (loss)		Schedule D, line 12, column (f)
8b Collectibles (28%) gain (loss)		28% Rate Gain Worksheet, line 4 (Schedule D instructions)
8c Unrecaptured section 1250 gain		See the Shareholder's Instructions
9 Net section 1231 gain (loss)		See the Shareholder's Instructions
10 Other income (loss)		See the Shareholder's Instructions
Code		
A Other portfolio income (loss)		See the Shareholder's Instructions
B Involuntary conversions		See the Shareholder's Instructions
C Section 1256 contracts and straddles		Form 6781, line 1
D Mining exploration costs recapture		See Pub 535
E Other income (loss)		See the Shareholder's Instructions
11 Section 179 deduction		See the Shareholder's Instructions
12 Other deductions		See the Shareholder's Instructions
A Cash contributions (50%)		See the Shareholder's Instructions
B Cash contributions (30%)		
C Noncash contributions (50%)		
D Noncash contributions (30%)		
E Capital gain property to a 50% organization (30%)		
F Capital gain property (20%)		
G Investment interest expense		Form 4952, line 1
H Deductions - royalty income		Schedule E, line 18
I Section 59(e)(2) expenditures		See the Shareholder's Instructions
J Deductions - portfolio (2% floor)		Schedule A, line 23
K Deductions - portfolio (other)		Schedule A, line 28
L Preproductive period expenses		See the Shareholder's Instructions
M Commercial revitalization deduction from rental real estate activities		See Form 8582 Instructions
N Reforestation expense deduction		See the Shareholder's Instructions
O Domestic production activities information		See Form 8903 Instructions
P Qualified production activities income		Form 8903, line 7
Q Employer's Form W-2 wages		Form 8903, line 15
R Other deductions		See the Shareholder's Instructions
13 Credits		
A Low-income housing credit (section 42(j)(5))		See the Shareholder's Instructions
B Low-income housing credit (other)		
C Qualified rehabilitation expenditures (rental real estate)		
D Other rental real estate credits		
E Other rental credits		
F Undistributed capital gains credit		Form 1040, line 70, check box a
G Credit for alcohol used as fuel		See the Shareholder's Instructions
H Work opportunity credit		
I Welfare-to-work credit		
J Disabled access credit		
K Empowerment zone and renewal community employment credit		
L Credit for increasing research activities		See the Shareholder's Instructions
M New markets credit		
N Credit for employer social security and Medicare taxes		Form 1040, line 64
O Backup withholding		
P Other credits		See the Shareholder's Instructions
14 Foreign transactions		
A Name of country or U.S. possession		Form 1116, Part I
B Gross income from all sources		
C Gross income sourced at shareholder level		
Foreign gross income sourced at corporate level		
D Passive category		Form 1116, Part I
E General category		
F Other		
Deductions allocated and apportioned at shareholder level		
G Interest expense		Form 1116, Part I
H Other		Form 1116, Part I
Deductions allocated and apportioned at corporate level to foreign source income		
I Passive category		Form 1116, Part I
J General category		
K Other		
Other information		
L Total foreign taxes paid		Form 1116, Part II
M Total foreign taxes accrued		Form 1116, Part II
N Reduction in taxes available for credit		Form 1116, line 12
O Foreign trading gross receipts		Form 8873
P Extraterritorial income exclusion		Form 8873
Q Other foreign transactions		See the Shareholder's Instructions
15 Alternative minimum tax (AMT) items		
A Post-1986 depreciation adjustment		See the Shareholder's Instructions and the Instructions for Form 6251
B Adjusted gain or loss		
C Depletion (other than oil & gas)		
D Oil, gas, & geothermal gross income		
E Oil, gas, & geothermal deductions		
F Other AMT items		
16 Items affecting shareholder basis		
A Tax-exempt interest income		Form 1040, line 8b
B Other tax-exempt income		See the Shareholder's Instructions
C Nondeductible expenses		
D Property distributions		
E Repayment of loans from shareholders		
Other information		
A Investment income		Form 4952, line 4a
B Investment expenses		Form 4952, line 5
C Qualified rehabilitation expenditures (other than rental real estate)		See the Shareholder's Instructions
D Basis of energy property		See the Shareholder's Instructions
E Recapture of low-income housing credit (section 42(j)(5))		Form 8611, line 8
F Recapture of low-income housing credit (other)		Form 8611, line 8
G Recapture of investment credit		See Form 4255
H Recapture of other credits		See the Shareholder's Instructions
I Look-back interest - completed long-term contracts		See Form 8697
J Look-back interest - income forecast method		See Form 8866
K Dispositions of property with section 179 deductions		See the Shareholder's Instructions
L Recapture of section 179 deduction		
M Section 453(l)(3) information		
N Section 453A(c) information		
O Section 1260(b) information		
P Interest allocable to production expenditures		
Q CCF nonqualified withdrawals		
R Information needed to figure depletion - oil and gas		
S Amortization of reforestation costs		
T Other information		

Box 2
Net Rental Real Estate Income (loss)

<u>Property Description</u>	<u>Gross Income</u>	<u>Net Expenses</u>	<u>Net Income</u>	<u>Passive Nonpass</u>	<u>Sec. 1231 Total</u>
Office Rental	591,596.	737,118.	\$ -145,522.	NonPass	
		Total	<u>\$ -145,522.</u>		

Box 17
Other Information

* Descriptive Information

T Officer's Health Insurance.....	\$	11,623.
T Officer's Life Insurance.....		36,142.

**Application for Automatic 6-Month Extension of Time To File
Certain Business Income Tax, Information, and Other Returns**

G File a separate application for each return.

Type or Print File by the due date for the return for which an extension is requested. See instructions.	Name Roberta L. Marcus, Inc.	Identifying number 65-0194480
	Number, street, and room or suite number. (If P.O. box, see instructions.) 9990 S.W. 77th Avenue	
	City, town, state, and ZIP code (if a foreign address, enter city, province or state, and country (follow the country's practice for entering postal code)). Miami, FL 33156	

Note. See instructions before completing this form.

- 1 Enter the form code for the return that this application is for (see below) 25
- 2 If the foreign corporation does not have an office or place of business in the United States, check here. G
- 3 If the organization is a corporation or partnership that qualifies under Regulations section 1.6081-5, check here. G
- 4a The application is for calendar year 20 07, or tax year beginning _____, 20 __, and ending _____, 20 __
- b Short tax year. If this tax year is less than 12 months, check the reason:
 Initial return Final return Change in accounting period Consolidated return to be filed
- 5 If the organization is a corporation and is the common parent of a group that intends to file a consolidated return, check here G
 If checked, attach a schedule, listing the name, address, and Employer Identification Number (EIN) for each member covered by this application.
- 6 Tentative total tax

6		0.
---	--	----
- 7 Total payments and credits (see instructions)

7		0.
---	--	----
- 8 Balance due. Subtract line 7 from line 6. Generally, you must deposit this amount using the Electronic Federal Tax Payment System (EFTPS), a Federal Tax Deposit (FTD) Coupon, or Electronic Funds Withdrawal (EFW) (see instructions for exceptions)

8		0.
---	--	----

Application Is For:	Form Code	Application Is For:	Form Code
Form 706-GS(D)	01	Form 1120-ND	19
Form 706-GS(T)	02	Form 1120-ND (section 4951 taxes)	20
Form 1041 (estate)	04	Form 1120-PC	21
Form 1041 (trust)	05	Form 1120-POL	22
Form 1041-N	06	Form 1120-REIT	23
Form 1041-QFT	07	Form 1120-RIC	24
Form 1042	08	Form 1120-S	25
Form 1065	09	Form 1120-SF	26
Form 1065-B	10	Form 3520-A	27
Form 1066	11	Form 8612	28
Form 1120	12	Form 8613	29
Form 1120-A (fiscal year 2006-2007 corporations)	14	Form 8725	30
Form 1120-C	34	Form 8804	31
Form 1120-F	15	Form 8831	32
Form 1120-FSC	16	Form 8876	33
Form 1120-H	17	Form 8924	35
Form 1120-L	18		

BAA For Paperwork Reduction Act Notice, see separate instructions.

Rental Real Estate Income and Expenses of a Partnership or an S Corporation

Department of the Treasury
Internal Revenue Service

G See instructions.
G Attach to Form 1065, Form 1065-B, or Form 1120S.

Name Roberta L. Marcus, Inc.	Employer identification number 65-0194480
--	---

1 Show the kind and location of each property. See page 2 to list additional properties.

A Office Rental
9990 S. W. 77 Avenue, Miami, Florida

B -----

C -----

D -----

Rental Real Estate Income	2	Properties			
		A	B	C	D
2 Gross rents	2	591,596.			
Rental Real Estate Expenses					
3 Advertising	3	1,311.			
4 Auto and travel	4	19,123.			
5 Cleaning and maintenance	5				
6 Commissions	6				
7 Insurance	7	35,252.			
8 Legal and other professional fees	8	3,530.			
9 Interest	9	71,259.			
10 Repairs	10	177,704.			
11 Taxes	11	158,448.			
12 Utilities	12	51,157.			
13 Wages and salaries	13	71,182.			
14 Depreciation (see instructions)	14	39,956.			
15 Other (list) G <u>See Statement 10</u>	15	108,196.			
16 Total expenses for each property. Add lines 3 through 15	16	737,118.			
17 Total gross rents. Add gross rents from line 2, columns A through H	17			591,596.	
18 Total expenses. Add total expenses from line 16, columns A through H	18			-737,118.	
19 Net gain (loss) from Form 4797, Part II, line 17, from the disposition of property from rental real estate activities	19				
20a Net income (loss) from rental real estate activities from partnerships, estates, and trusts in which this partnership or S corporation is a partner or beneficiary (from Schedule K-1)	20a				
b Identify below the partnerships, estates, or trusts from which net income (loss) is shown on line 20a. Attach a schedule if more space is needed:					
(1) Name		(2) Employer identification number			
-----		-----			
-----		-----			
-----		-----			
21 Net rental real estate income (loss). Combine lines 17 through 20a. Enter the result here and on: ? Form 1065 or 1120S: Schedule K, line 2, or ? Form 1065-B: Part I, line 4	21			-145,522.	

THIS PAGE MUST BE COMPLETED AND SIGNED

REGULATORY ASSESSMENT FEE: I understand that all telephone companies must pay a regulatory assessment fee. Regardless of the gross operating revenue of a company, a minimum annual assessment fee, as defined by the Commission, is required.

RECEIPT AND UNDERSTANDING OF RULES: I acknowledge receipt and understanding of the Florida Public Service Commission's rules and orders relating to the provisioning of shared tenant service (STS) in Florida.

APPLICANT ACKNOWLEDGEMENT: By my signature below, I, the undersigned officer, attest to the accuracy of the information contained in this application and attached documents and that the applicant has the technical expertise, managerial ability, and financial capability to provide alternative access vendor service in the State of Florida. I have read the foregoing and declare that, to the best of my knowledge and belief, the information is true and correct. I attest that I have the authority to sign on behalf of my company and agree to comply, now and in the future, with all applicable Commission rules and orders.

Further, I am aware that, pursuant to Chapter 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, punishable as provided in s. 775.082 and s. 775.083.**"

Company Owner or Officer

Print Name: Paul R. Marcus
Title: Secretary
Telephone No.: 305-596-2345
E-Mail Address: Paul@MarcusCentre.com

Signature:  _____

Date: 2-5-09