TOTAL DESCRIPTION OF THE PARTY	the regulatory assessment fee retohone Service Provider	Commercial and a commer	"~ \$44.0 (Sept. Execution of the Control of the Con	Return	# /0/ 00
STATUS:  Actual Return Estimated Return Amended Return  PERIOD COVERED: 01/01/2001 TO 12/31/2001	Florida Public Ser (See Filing Instructions) TF191-01-0-R L.L.C., Inc. P. O. Box 16966 Tampa, FL 33687-6966  CC. P. Isler	98 MAR	DATE 29 2002 200- PM	FOR PSC U Check# 253/  \$ 50.00  \$ 1.00  Postmark Date 3 Initials of Preparer	1000年10日本央的第三十
L.L.C., Inc	Please Complete Below If Offi		Changed	La grada en especial	at Charlos
(Name of Company)		(Address)		(City/State)	(Zip)
LINE NO.			10 PA 12 13 13 13 13 13 13 13 13 13 13 13 13 13	AM0	OUNT
1. Gross Operating Revo	enue (Florida)	•	To A	\$	Some share
2. Gross Intrastate Reve	nue		in the	n Range, belong	no ed teum
3. LESS: Amounts Paid (see "2. Fees" on back	d to Other Telecommunicat k)	tions Companies*	All and the second of the seco	A TAND OF THE STATE OF	)
4. TOTAL REVENUE (Line 2 less Line 3)	CS for Regulatory Assessm	nent Fee Calculat	ion torpe	\$ <u>15,</u>	264.18
5. Regulatory Assessme	ent Fee Due – (Multiply Lin	ne 4 by 0.0015)	hard the form	min	50.00
6. Penalty for Late Payn	nent (see "3. Failure to File	by Due Date" on	back)	o keeste chirees o	5.00
7. Interest for Late Payn	nent (see "3. Failure to File	by Due Date" on	back)	de automore, de di reconso	1.00
8. CAF TOTAL AMOUNT	DUE		and of the ga	The state of the s	56.00
COMAS PROVIDED	IN SECTION 364.336 FLORIDA	A STATUTES, THE M	THE PASS THERE	L FEE IS \$50	the state of the s
ECR THIS FORM MUST BE CO	OMPLETED AND RETURNED	REGARDLESS OF TH	TO A STATE OF THE	Constitution of the Constitution of	RTED
9. MMS Number of pay teleph SEC by this Return	nones in operation at close	of period covered		-	2
These amounts must be <u>intrastate only</u> and must	st be verifiable.		rate sales		
I, the undersigned symmetric of the strue and correct statement, amovare that public servant in the performance of his pro-	arsum to Scylon 837.06, Florida Statu is eath stall he multy of a misdemeand	regoing and declare that to to test, whoever knowingly made of the second degree.  PRESIDENT  Telephone Number (813)	(Title)	in writing with the above in writing with the interest of the second sec	3-26-02 (Date)
		F.E.I. No.	59-2915510		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

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TO AVOID P	and the second s	ry assessment fee return must be filed on or before 01/30/2 vice Provider Regulatory Assessment			
STATUS	s: 05% Flo	orida Public Service Commission (See Filing Instructions on Back of Form)	FOR PSC USE ONLY Check# 253/		
PERIO	Actual Return Estimated Return Amended Return  COVERED: 2002 TO 12/31/2002  TF191-02 L.L.C., In P. O. Box Tampa, F.	-0-R DEPOSIT DATE  c. D198 MAR 29 2002	\$ 50.00 0603002 003001 \$ P 0603002 004011 \$ 1 Postmark Date 3/26/02 Initials of Preparer		
	Please C	Complete Below If Official Mailing Address Has Changed	7 19 - 5 5 - 1 - 1		
	(Name of Company)	(Address)	(City/State) (Zip)		
LINE NO.	ACCOUNT	CLASSIFICATION	AMOUNT		
1.	Gross Operating Revenue (Flori	da)	\$		
2.	Gross Intrastate Revenue		14		
3.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)				
4.	TOTAL REVENUES for Regu (Line 2 less Line 3)	ulatory Assessment Fee Calculation	min \$ 50.00		
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9.	Number of pay telephones in ope by this Return	eration at close of period covered			
* These am	ounts must be intrastate only and must be verifiable.				
true and cor	indersigned experior incerest the coordinates contract statement. It is a ware that persuant to Section and in the performance of this entire performance of the coordinates and the coordinates are the coordinat	many, have read the foregoing and declare that to the best of my king 837.06, Florida Statutes, whoever knowingly makes a false state guilty of a misdemeanor of the second degree.	ement in writing with the intent to mislead a		
	(Signature of Coatbany Official)	PRESIDENT	3-26-02 (Date)		
		Telephone Number (813) 988-6876	Fax Number (&13) 980-3000		
(F	Preparer of Form - Please Print Name	F.E.I. No			



PO Box 16966 • Tampa, Florida 33687

Tel: (813) 988-6870 • Fax: (813) 980-3000

March 26, 2002

Florida Public Service Commission Attn: Paula J. Isler Capital Circle Office Center 2540 Shumard Oak Blvd. Tallahassee, FL 32399

Dear Ms. Isler:

In response to your letter dated 3/19/02, enclosed are two RAF forms for year ending 12/31/01 and 12/31/02 along with our check in the amount of \$106.00 to cover both years. When I wrote to you earlier this month I may have stated that LLC suspended payphone operations on 3/31/02 but it should have said 3/31/01.

If you need additional information, please call me at 813-988-6870 or e-mail to g. Thomas@leaptampa.com.

Sincerely,

Gail Thomas Business Manager

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