

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C.

OMB APPROVAL

OMB Number: 3235-0076

Expires: August 31, 2015

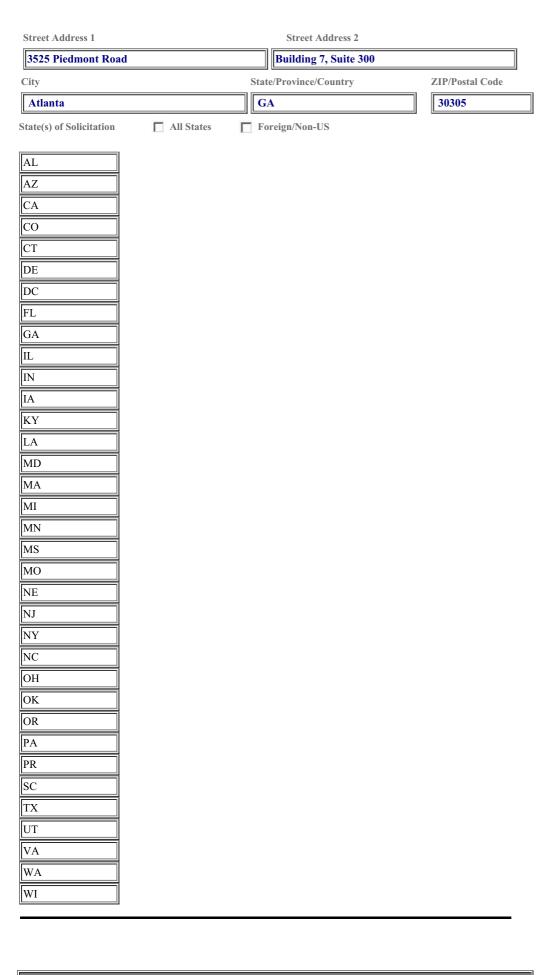
Estimated Average burden hours per response: 4.0

1. Issuer's Identity	
CIK (Filer ID Number) Previous Name(s) None Entity Type	
0001122063 SUNCREST GLOBAL ENERGY CORP	
Name of Issuer GALAXY SPECIALTIES Limited Partnership	
SOLUTIONS GROUP INC INC Limited Liability Compa	ıy
Jurisdiction of Incorporation/Organization	
NEVADA Business Trust	
Year of Incorporation/Organization	
© Over Five Years Ago	
Within Last Five Years (Specify Year)	
© Yet to Be Formed	
Principal Place of Business and Contact Information	
Name of Issuer	
BEACON ENTERPRISE SOLUTIONS GROUP INC	
Street Address 1 Street Address 2	
1311 HERR LANE SUITE 205	
City State/Province/Country ZIP/Postal Code Phone No. of Issuer	
City State/Province/Country ZIP/Postal Code Phone No. of Issuer	
City State/Province/Country ZIP/Postal Code Phone No. of Issuer	
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City State/Province/Country ZIP/Postal Code Phone No. of Issuer	
City State/Province/Country ZIP/Postal Code Phone No. of Issuer KY 40222 5026573500 3. Related Persons	
City State/Province/Country ZIP/Postal Code Phone No. of Issuer LOUISVILLE KY 40222 5026573500 3. Related Persons Last Name First Name Middle Name	
City State/Province/Country ZIP/Postal Code Phone No. of Issuer KY 40222 5026573500 3. Related Persons Last Name First Name Middle Name Widener Bruce	
City State/Province/Country ZIP/Postal Code Phone No. of Issuer LOUISVILLE KY 40222 5026573500 3. Related Persons Last Name First Name Middle Name Widener Bruce Street Address 1 Street Address 2	
City State/Province/Country ZIP/Postal Code Phone No. of Issuer KY 40222 5026573500 3. Related Persons Last Name First Name Middle Name Widener Bruce Street Address 1 Street Address 2 1311 Herr Lane Suite 205	
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City State/Province/Country ZIP/Postal Code Phone No. of Issuer LOUISVILLE KY 40222 5026573500 3. Related Persons Last Name First Name Middle Name Widener Bruce Street Address 1 Street Address 2 1311 Herr Lane Suite 205 City State/Province/Country ZIP/Postal Code	
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City State/Province/Country ZIP/Postal Code Phone No. of Issuer LOUISVILLE	
City State/Province/Country ZIP/Postal Code Phone No. of Issuer KY 40222 5026573500 3. Related Persons Last Name First Name Middle Name Widener Bruce Street Address 1 Street Address 2 1311 Herr Lane Suite 205 City State/Province/Country ZIP/Postal Code Louisville KY Director Promoter Clarification of Response (if Necessary)	
City State/Province/Country ZIP/Postal Code Phone No. of Issuer KY 40222 5026573500 3. Related Persons Last Name First Name Middle Name Widener Bruce Street Address 1 Street Address 2 1311 Herr Lane Suite 205 City State/Province/Country ZIP/Postal Code Louisville KY Director Promoter Clarification of Response (if Necessary) Chief Executive Officer and Chairman, Board of Directors	
City State/Province/Country ZIP/Postal Code Phone No. of Issuer KY 40222 5026573500 3. Related Persons Last Name First Name Middle Name Widener Bruce Street Address 1 Street Address 2 1311 Herr Lane Suite 205 City State/Province/Country ZIP/Postal Code Louisville KY Director Promoter Clarification of Response (if Necessary)	

1311 Herr Lane			Suite 205		
City		State/Province/	Country (Country	ZIP/Postal Code	
Louisville		KY		40222	
,					
Relationship:	Executiv	ve Officer	☐ Director	Promoter	
Clarification of Respon	se (if Necessary)		<u> </u>	
President	se (II I veecssal y	<u>'</u>			
resident					
Y 4 N		ET A NI		3.4° 3.11 .31	
Last Name		First Name		Middle Name	
Mohr		Robert			
Street Address 1			Street Address 2	<u> </u>	
1311 Herr Lane			Suite 205		
City		State/Province/	Country	ZIP/Postal Code	
Louisville		KY		40222	
Relationship:	Executiv	ve Officer	☐ Director	Promoter	
Clarification of Respon	sa (if Nacassary)	\			
Chief Accounting Offi		,			
Cinci Accounting On					
Last Name		First Name		Middle Name	
Kerr		Kenneth			
Street Address 1			Street Address 2	2	
1311 Herr Lane			Suite 205		
City		State/Province/	Country (Country	ZIP/Postal Code	
Louisville		KY		40222	
Relationship:	Executive Executive	ve Officer	☐ Director	Promoter	
Clarification of Respon	so (if Noossory)	\		<u> </u>	
Chief Operating Office)			
Chief Operating Office	CI				
Last Name		First Name		Middle Name	
Henderson		J.		Sherman	
Street Address 1			Street Address 2	<u> </u>	
1311 Herr Lane			Suite 205		
City		State/Province/	Country	ZIP/Postal Code	
Louisville		KY		40222	
Relationship:	Executive Executive	ve Officer	□ Director	Promoter	
Clarification of D	go (if Nagarana)				
Clarification of Respon	se (II ivecessary))			
<u> </u>					
Last Name		First Name		Middle Name	
Rhodes		John			
Street Address 1			Street Address 2	2	

1311 Herr Lane	Suite 205
City	State/Province/Country ZIP/Postal Code
Louisville	KY 40222
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Relationship: Executiv	ve Officer Director Promoter
Clarification of Response (if Necessary))
. Industry Group	
Agriculture	Health Care C Retailing
Banking & Financial Services	C Biotechnology C Restaurants
C Commercial Banking	Health Insurance
C Insurance	C Pharmaconticals
C Investing	C Other Health Care
C Investment Banking	• Telecommunications
C Pooled Investment Fund	Other Technology
Other Banking & Financial	Travel
C Services	Manufacturing C Airlines & Airports
Business Services	Real Estate C Lodging & Conventions
Energy	C Commercial C Tourism & Travel Services
C Coal Mining	C Construction C Other Travel
C Electric Utilities	C REITS & Finance C Other C Residential
C Energy Conservation C Environmental Services	O Other Real Estate
C Oil & Gas	Contract Con
C Other Energy	
5. Issuer Size	
evenue Range	Aggregate Net Asset Value Range
No Revenues	No Aggregate Net Asset Value
\$1 - \$1,000,000	\$1 - \$5,000,000
\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000
\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000
\$25,000,001 - \$100,000,000	S50,000,001 - \$100,000,000
Over \$100,000,000	Over \$100,000,000
Decline to Disclose	C Decline to Disclose
Not Applicable	C Not Applicable
S Federal Exemption(s)) and Exclusion(s) Claimed (select all that
apply)	y and Exolabion(b) Olaimed (Select all that
Rule 504(b)(1) (not (i), (ii)	
or (iii))	Rule 505
Rule 504 (b)(1)(i)	Rule 506(b)
Rule 504 (b)(1)(ii)	Rule 506(c)
Rule 504 (b)(1)(iii)	Securities Act Section 4(a)(5)
	Investment Company Act Section 3(c)

7. Type of Filing	
New Notice Date of First Sale 2009-06	-29 First Sale Yet to Occur
Amendment	
8. Duration of Offering	
Does the Issuer intend this offering to last more than or	ne year? C Yes 6 No
9. Type(s) of Securities Offered (select all that annly)
— Pooled Investment Fund	Select all that apply)
Interests Equity Tenant-in-Common Securities Debt	
Mineral Property Securities Option, Wal	rrant or Other Right to
Security to be Acquired Upon	other Security
Other Right to Acquire Security Other (description)	ribe)
10. Business Combination Trans	action
Is this offering being made in connection with a business	901
transaction, such as a merger, acquisition or exchange	offer?
Clarification of Response (if Necessary)	
11. Minimum Investment	
Minimum investment accepted from any outside	50000 USD
investor	
12. Sales Compensation	
Recipient	
	Recipient CRD Number None
Garden State Securities, Inc.	Recipient CRD Number None 10083
Garden State Securities, Inc. (Associated) Broker or Dealer None	
	(Associated) Broker or Dealer CRD None
(Associated) Broker or Dealer None	(Associated) Broker or Dealer CRD None Number
(Associated) Broker or Dealer None Garden State Securities, Inc.	(Associated) Broker or Dealer CRD None Number
(Associated) Broker or Dealer None Garden State Securities, Inc. Street Address 1 1540 Highway 138 City St	10083 (Associated) Broker or Dealer CRD None Number 10083 Street Address 2 Suite 303 ate/Province/Country ZIP/Postal Code
(Associated) Broker or Dealer None Garden State Securities, Inc. Street Address 1 1540 Highway 138 City St Wall	10083 (Associated) Broker or Dealer CRD None Number 10083 Street Address 2 Suite 303 Suite/Province/Country ZIP/Postal Code NJ 07719
(Associated) Broker or Dealer None Garden State Securities, Inc. Street Address 1 1540 Highway 138 City St Wall	Associated) Broker or Dealer CRD None Number 10083 Street Address 2 Suite 303 ate/Province/Country ZIP/Postal Code
(Associated) Broker or Dealer None Garden State Securities, Inc. Street Address 1 1540 Highway 138 City St Wall	Associated) Broker or Dealer CRD None Number 10083 Street Address 2 Suite 303 ate/Province/Country ZIP/Postal Code NJ 07719
(Associated) Broker or Dealer None Garden State Securities, Inc. Street Address 1 1540 Highway 138 City St Wall State(s) of Solicitation All States	10083 (Associated) Broker or Dealer CRD None Number 10083 Street Address 2 Suite 303 ate/Province/Country ZIP/Postal Code NJ 07719 Foreign/Non-US
(Associated) Broker or Dealer None Garden State Securities, Inc. Street Address 1 1540 Highway 138 City St Wall State(s) of Solicitation All States	10083 (Associated) Broker or Dealer CRD



Total Offering Amount \$ 1000000 USD Indefinite Total Amount Sold \$ 803000 USD

Total Re Sold	emaining to be \$ 197000 □ Indefinite	
Clarifica	ation of Response (if Necessary)	
14. lı	nvestors	
П	Select if securities in the offering have been or may be sold to persons who do not qualify as accredited investors, Number of such non-accredited investors who already have invested in the offering	
	Regardless of whether securities in the offering have been or may be sold to persons who do not qualify as accredited investors, enter the total number of investors who already have invested in the offering:	
15. S	Sales Commissions & Finders' Fees Expenses	
	separately the amounts of sales commissions and finders' fees expenses, if any. If the amount ture is not known, provide an estimate and check the box next to the amount.	ount of an
	Sales Commissions \$ 80300 USD Estima	te
	Finders' Fees \$ 0 USD Estima	te
Clarifica	ation of Response (if Necessary)	
		<u></u>
16. L	Jse of Proceeds	
any of th	the amount of the gross proceeds of the offering that has been or is proposed to be used he persons required to be named as executive officers, directors or promoters in respons mount is unknown, provide an estimate and check the box next to the amount. \$ 0 USD	A *
Clarifica	ation of Response (if Necessary)	
Procee capital	eds will be used as working L.	
Sign	ature and Submission	
<u> </u>		

Please verify the information you have entered and review the Terms of Submission below before signing and clicking SUBMIT below to file this notice.

Terms of Submission

In submitting this notice, each Issuer named above is:

- Notifying the SEC and/or each State in which this notice is filed of the offering of securities described and undertaking to furnish them, upon written request, the information furnished to offerees.
- Irrevocably appointing each of the Secretary of the SEC and, the Securities Administrator or other legally designated officer of the State in which the Issuer maintains its principal place of business and any State in which this notice is filed, as its agents for service of process, and agreeing that these persons may accept service on its behalf, of any notice, process or pleading, and further agreeing that such service may be made by registered or certified mail, in any Federal or state action, administrative proceeding, or arbitration brought against it in any place subject to the jurisdiction of the United States, if the action, proceeding or arbitration (a) arises out of any activity in connection with the offering of securities that is the subject of this notice, and (b) is founded, directly or indirectly, upon the provisions of: (i) the Securities Act of 1933, the Securities Exchange Act of 1934, the Trust Indenture Act of 1939, the Investment Company Act of 1940, or the Investment Advisers Act of 1940, or any rule or regulation under any of these statutes, or (ii) the laws of the State in which the issuer maintains its principal place of business or any State in which this notice is filed.
- Certifying that, if the issuer is claiming a Regulation D exemption for the offering, the issuer is not
 disqualified from relying on Regulation D for one of the reasons stated in Rule 505(b)(2)(iii) or Rule
 506(d).

Each Issuer identified above has read this notice, knows the contents to be true, and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

For signature, type in the signer's name or other letters or characters adopted or authorized as the signer's signature.

Issuer	Signature	Name of Signer	Title	Date
BEACON ENTERPRISE SOLUTIONS GROUP INC	Robert Mohr	Robert Mohr	Chief Accounting Officer	2009-07-13