

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000006282

FILED
May 01, 2006
Secretary of State

Entity Name: BUSINESS STRATEGIES GROUP, LLC

Current Principal Place of Business:

2385 EXECUTIVE CENTER DRIVE, #290
BOCA RATON, FL 33431

New Principal Place of Business:

Current Mailing Address:

2385 EXECUTIVE CENTER DRIVE, #290
BOCA RATON, FL 33431

New Mailing Address:

FEI Number: 35-2262217 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: IVG EQUITIES, LLC,
Address: 2385 EXECUTIVE CENTER DRIVE, #290
City-St-Zip: BOCA RATON, FL 33431

Title: MGRM () Delete
Name: MAY EQUITIES, LLC,
Address: 809 WEST AVENUE
City-St-Zip: ROCHESTER, NY 14611

Title: MGRM () Delete
Name: WEXFORD EQUITIES, LL, C
Address: 32 ELM PLACE, 1ST FLOOR
City-St-Zip: RYE, NY 10580

Title: MGRM () Delete
Name: SHELLZ, LLC,
Address: 2385 EXECUTIVE CENTER DRIVE, #290
City-St-Zip: BOCA RATON, FL 33431

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGMR () Change (X) Addition
Name: BALL ALLIANCE, LLC,
Address: 5702 LAKE WORTH ROAD
City-St-Zip: GREENACRES, FL 33463

Title: MGMR () Change (X) Addition
Name: TANYA MILIN GIFT TRU, ST
Address: 2385 NW EXECUTIVE CENTER DR #290
City-St-Zip: BOCA RATON, FL 33431

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: GAIL AMEN

MGMR

05/01/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date