į,

Part 1. Information About	Principal of th	e Regio	nal Center			
Name: Last		First			M	fiddle
Hogan		Patr	ick		F	rancie
In Care Of: CMB Export, LLC						
Street Address/P.O. Box: 7819	2nd Street W					
City: Rock Island	(b)(6)		State: IL		•	Zip Code: 61201
Date of Birth (mm/dd/yyyy):	Fax Number (include area code	y: (855)	852-5133		ione Nur le area c	nber rode): (309) 797-1550
Web site address: www.cmbeb5v	isa.com				-	
USCIS-assigned number for the De Regional Center's most recently issu		-		07851	710	
Part 2. Application Type (check one)					
a. Supplement for the Fiscal Y	ear Ending Septem	ber 30, 🔞	014 (YYYY)		-	
b. Supplement for a Series of I				(YYYY) a	nd Endin	og on September 30, (YYYY)
•••		<u> </u>		-;		
Part 3. Information About	the Regional C	enter				······································
(Use a continuation sheet, if needed principals, agents, individuals, or er center.)						
A. Name of Regional Center: CME	Export, LLC					
Street Address/P.O. Box: 781	9 42nd Street	W.				
City: Rock Island			State: IL		\	Zip Code: 61201
Web site Address: www.cmbeb5visa.	Fax No	umber de area co	de): ⁽⁸⁵⁵⁾ 852	-5133	Teleph (includ	one le area code): (309) 797-1550
B. Name of Managing Company/A	gency: CMB Expo	ort Reg	ional Center	. LLC		
Street Address/P.O. Box: 781	9 42nd Street	W				
City: Rock Island		•	State: IL			Zip Code: 61201
Web site Address: www.cmbeb5visa.	Fax Nu Com (includ	mber e area co	(855) 852- de):	-5133	Telepho (include	one (309) 797-1550. e area code): ,
C. Name of Other Agent: N/A				. ,	_	
Street Address/P.O. Box:					Apple - Street	
City:			State:	,	***************************************	Zip Code:
Web site Address:	Fax Nu				Telepho	one e area code):
	1.00 0000000000000000000000000000000000				***************************************	Form I-924A 01/03/13 Y Page 1

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	Part 3. Information About the Regi	onal Center (Contin	ued)	_	
	Answer the following questions for the time per item, attach a continuation sheet, indicate the it			f extra space is nee	ded to complete any
	 Identify the aggregate EB-5 capital investm the regional center. (Note: Separately ident 				
)(4)	Aggregate EB-5 Capital Investment	Aggregate Direct and Ir	ndirect Job Creation	Aggregate	Jobs Maintained
,	 Identify each industry that has been the focus aggregate EB-5 capital investment and job of businesses".) 				
	a. Industry Category Title: Construction			NAICS Code for	the Industry Category
(4)	Aggregate EB-5 Capital Investment:	Aggregate Direct and In	direct Job Creation:	Aggregate Jobs I	Maintained:
	b. Industry Category Title:	·	· .	NAICS Code for	the Industry Category
	Aggregate EB-5 Capital Investment:	Aggregate Direct and In	direct Job Creation:	Aggregate Jobs I	Maintained:
	c. Industry Category Title:		`\-	NAICS Code for	the Industry Category
•	Aggregate EB-5 Capital Investment:	Aggregate Direct and In	direct Job Creation:	Aggregate Jobs N	Maintained:
3	Provide the following information for each j regional center that has received EB-5 investigations.		raterprise located with	in the geographic	scope of your
	a. Name of Commercial Enterprise: CMB Infrastructure Investme.	nt Group XI, LP	Industry Category T	itle:	
	Address (Street Number and Name):	City:		State:	Zip Code:
	7819 42nd Street W.	Rock Island		IL	61201

Aggregate Direct and Indirect Job Creation:

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?

Aggregate EB-5 Capital Investment:

(**b)(4**)

Form 1-924A 01/03/13 Y Page 2

☐ No

Aggregate Jobs Maintained:

X Yes

Dowt 2	Information	About the	Degional Con	ter (Continued)
T WILL'S	THIO! WITHOUT	Whom: me	Wellong: Cen	ici (Comminea)

(1) Business Name:	AMARIAN III	Industry Category	Title:	
Cobra Energy Investments Finan	nce, LLC	23	,	
Address (Street Number and Name):	City:		State:	Zip Co
Cardenal Marcelo Spinolla, 10	1	Spain		
EB-5 Capital Investment:	Direct and Indirect Io	b Creation:	Jobs Maint	ained:
(2) Business Name		Industry Category	Title:	
Cobra Energy Investments Finan	nce, LLC	23 -		
Address (Street Number and Name):	City:		State:	Zip Co
425 Olympic Blvd, Suite 500B	Santa Monica	,	CA	9040
EB-5 Capital Investment:	Direct and Indirect Jo	b Creation:	Jobs Maint	ained:
See above	See above		See abo	ve
Address (Street Number and Name): 7819 42nd Street W.	City: Rock Island		State:	Zip Co
Aggregate EB-5 Capital Investment:	Aggregate Direct and	Indirect Job Creatio	n: Aggregate	Jobs Main
Does this EB-5 commercial enterprise serve as have or will create or maintain jobs for EB-5 p		nt into other busines	ss entities that	☐ No
If yes, then identify the name and address of eacreation/maintenance associated with each job		s, as well as the ame	ount of EB-5 ca	pital invest
(1) Business Name:		Industry Category	Title:	
Real Estate Projects - Residen	tial II, LLC	23		•
Address (Street Number and Name):	City:		State:	Zip Co
3090 Olive Street, Suite 300	Dallas		TX	7521
		Creation	·····	

	(2) Business Name:	- — — – – – – – – – – – – – – – – – – – 	Industry Category T	itle:	
		,	}		
	Address (Street Number and Name):	City:		State:	Zip Code:
	EB-5 Capital Investment:	Direct and Indirect Jo	b Creation:	Jobs Main	ntained:
	c. Name of Commercial Enterprise:		Industry Category T	itle:	
	CMB Infrastructure Investment	Group XVIII LP	23 .		•
	Address (Street Number and Name):	City:	<u></u>	State:	Zip Code:
	7819 42nd Street W.	Rock Island		IL	61201
		Indirect Job Creation: Aggregate Jobs Maintained:			
N // 40	Aggregate EB-5 Capital Investment:	Aggregate Direct and	Indirect Job Creation:	Aggregate	e Jobs Maintained:
)(4)	Aggregate EB-5 Capital Investment:	Aggregate Direct and	Indirect Job Creation:	Aggregate	e Jobs Maintained:
)(4)	Does this EB-5 commercial enterprise serve as that have or will create or maintain jobs for EB	s a vehicle for investme B-5 purposes?	nt into other business	entities	No ⊠ Y
)(4)	Does this EB-5 commercial enterprise serve as	s a vehicle for investme 3-5 purposes? ach job creating busines	nt into other business	entities	No ⊠ Y
)(4)	Does this EB-5 commercial enterprise serve as that have or will create or maintain jobs for EB If yes, then identify the name and address of e	s a vehicle for investme 3-5 purposes? ach job creating busines	nt into other business	entities int of EB-5 c	No ⊠ Y
)(4)	Does this EB-5 commercial enterprise serve as that have or will create or maintain jobs for EB If yes, then identify the name and address of e creation/maintenance associated with each job	s a vehicle for investme 3-5 purposes? ach job creating business creating business.	nt into other business	entities int of EB-5 c	No ⊠ Y
)(4)	Does this EB-5 commercial enterprise serve as that have or will create or maintain jobs for EH If yes, then identify the name and address of ecreation/maintenance associated with each job (1) Business Name:	s a vehicle for investme 3-5 purposes? ach job creating business creating business.	nt into other business ss, as well as the amou	entities int of EB-5 c	No ⊠ Y
	Does this EB-5 commercial enterprise serve as that have or will create or maintain jobs for EB If yes, then identify the name and address of e creation/maintenance associated with each job (1) Business Name: Real Estate Projects - SF II,	s a vehicle for investme B-5 purposes? ach job creating business creating business.	nt into other business ss, as well as the amou	entities int of EB-5 c	□ No ⊠ Y
)(4)	Does this EB-5 commercial enterprise serve as that have or will create or maintain jobs for EH If yes, then identify the name and address of ecreation/maintenance associated with each job (1) Business Name: Real Estate Projects - SF II, Address (Street Number and Name):	s a vehicle for investme 8-5 purposes? ach job creating business creating business.	nt into other business ss, as well as the amou Industry Category Ti	entities int of EB-5 citie:	No ⊠ Y apital investment and Zip Code: 75219
	Does this EB-5 commercial enterprise serve as that have or will create or maintain jobs for EB If yes, then identify the name and address of e creation/maintenance associated with each job (1) Business Name: Real Estate Projects - SF II, Address (Street Number and Name): 3090 Olive Street, Suite 300	s a vehicle for investme 3-5 purposes? ach job creating business creating business. LLC City: Dallas	nt into other business ss, as well as the amou Industry Category Ti	entities Int of EB-5 call Itle: State:	No ⊠ Y apital investment and Zip Code: 75219
	Does this EB-5 commercial enterprise serve as that have or will create or maintain jobs for EB If yes, then identify the name and address of e creation/maintenance associated with each job (1) Business Name: Real Estate Projects - SF II, Address (Street Number and Name): 3090 Olive Street, Suite 300	s a vehicle for investme 3-5 purposes? ach job creating business creating business. LLC City: Dallas	nt into other business ss, as well as the amou Industry Category Ti	entities Int of EB-5 call Itle: State: TX Jobs Maint	No ⊠ Y apital investment and Zip Code: 75219
	Does this EB-5 commercial enterprise serve as that have or will create or maintain jobs for EB If yes, then identify the name and address of e creation/maintenance associated with each job (1) Business Name: Real Estate Projects - SF II, Address (Street Number and Name): 3090 Olive Street, Suite 300 EB-5 Capital Investment:	s a vehicle for investme 3-5 purposes? ach job creating business creating business. LLC City: Dallas	nt into other business ss, as well as the amou Industry Category To 23	entities Int of EB-5 call Itle: State: TX Jobs Maint	No ⊠ Y apital investment and Zip Code: 75219

Part 3. Information About the Regional Center (Continued)

(1) Business Name:		Industry Catego	ry Title:	
Address (Street Number and Name);	City:		State:	Zip Co
EB-5 Capital Investment:	Direct and Indirect	Job Creation:	Jobs Mair	oțained:
(2) Business Name		Industry Categor	ry Title:	
Address (Street Number and Name):	City:		State:	Zip Coo
EB-5 Capital Investment:	Direct and Indirect	Job Creation:	Jobs Main	tained:
b. Name of Commercial Enterprise:		Industry Catego	ry Title:	
CMB Export Infrast. Invest.		23		
Address (Street Number and Name):	City:		State:	Zip Co
7819 42nd Street W. Aggregate EB-5 Capital Investment:	Rock Island	nd Indirect Job Creat	IL	6120
Does this EB-5 commercial enterprise serve	e as a vehicle for invest			e Jobs Maint
have or will create or maintain jobs for EB- If yes, then identify the name and address or creation/maintenance associated with each j	f each job creating busi	tiess, as well as the a	mount of EB-5 c	No Invest
(1) Business Name:	,	Industry Categor	y Title:	
The Warren LLC	•	23		
Address (Street Number and Name):	City:		State:	Zip Co
191 Peachtree Street N.E.	Atlanta		GA	30303
EB-5 Capital Investment	Direct and Indirect		Jobs Maii	

	(2) Business Name:		Industry Category	Title:	
	Address (Street Number and Name):	City:		State:	Zip Code:
	EB-5 Capital Investment:	Direct and Indirect J	ob Creation:	Jobs Mai	ntained:
	c. Name of Commercial Enterprise:		Industry Category	Title:	
	CMB Export Infrast, Invest. G	roup 23, LP	23		
	Address (Street Number and Name):	City:		State:	Zip Code:
	7819 42nd Street W.	Rock Island		IL	61201
)(4)	Aggregate EB-5 Capital Investment:	Aggregate Direct and	l Indirect Job Creation	n: Aggregat	e Jobs Maintained:
	Does this EB-5 commercial enterprise serve a that have or will create or maintain jobs for El If yes, then identify the name and address of e	B-5 purposes? ach job creating busing			trause to the same
	that have or will create or maintain jobs for El If yes, then identify the name and address of e creation/maintenance associated with each job	B-5 purposes? ach job creating busing	ess, as well as the amo	ount of EB-5 c	
	that have or will create or maintain jobs for El If yes, then identify the name and address of e	B-5 purposes? ach job creating busing		ount of EB-5 c	***************************************
	that have or will create or maintain jobs for El If yes, then identify the name and address of e creation/maintenance associated with each job (1) Business Name:	B-5 purposes? ach job creating busing	Industry Category	ount of EB-5 c	***************************************
	that have or will create or maintain jobs for El If yes, then identify the name and address of e creation/maintenance associated with each job (1) Business Name: RE Projects - Davis, LLC	B-5 purposes? ach job creating business.	Industry Category	ount of EB-5 c	apital investment an
, ,	that have or will create or maintain jobs for El If yes, then identify the name and address of e creation/maintenance associated with each job (1) Business Name: RE Projects - Davis, LLC Address (Street Number and Name):	B-5 purposes? ach job creating busine creating business. City:	Industry Category	Fitle: State:	Zip Code:
)	that have or will create or maintain jobs for El If yes, then identify the name and address of e creation/maintenance associated with each job (1) Business Name: RE Projects - Davis, LLC Address (Street Number and Name): 3090 Olive Street, Suite 300	B-5 purposes? ach job creating busine creating business. City: Dallas	Industry Category	Ount of EB-5 c Title: State: TX Jobs Main	Zip Code:
)	that have or will create or maintain jobs for El If yes, then identify the name and address of e creation/maintenance associated with each job (1) Business Name: RE Projects - Davis, LLC Address (Street Number and Name): 3090 Olive Street, Suite 300 EB-5 Capital Investment:	B-5 purposes? ach job creating busine creating business. City: Dallas	Industry Category 23	Ount of EB-5 c Title: State: TX Jobs Main	Zip Code:
)	that have or will create or maintain jobs for El If yes, then identify the name and address of e creation/maintenance associated with each job (1) Business Name: RE Projects - Davis, LLC Address (Street Number and Name): 3090 Olive Street, Suite 300 EB-5 Capital Investment: (2) Business Name:	B-5 purposes? ach job creating busine creating business. City: Dallas	Industry Category 23 Creation:	Ount of EB-5 c Title: State: TX Jobs Main	Zip Code:
)	that have or will create or maintain jobs for El If yes, then identify the name and address of e creation/maintenance associated with each job (1) Business Name: RE Projects - Davis, LLC Address (Street Number and Name): 3090 Olive Street, Suite 300 EB-5 Capital Investment: (2) Business Name: RE Projects - Redlands, LLC	B-5 purposes? ach job creating busines creating business. City: Dallas Direct and Indirect Jo	Industry Category 23 Creation:	State: TX Jobs Main	Zip Code: 75219 tained:

	d. Name of Commercial Enterprise:		Industry Category Ti	tle:	
	CMB Export Infrast. Invest.	Group XVII, LP	23		
	Address (Street Number and Name):	City:		State:	Zip Code:
	7819 42nd Street W.	Rock Island	*	IL	61201 .
	Aggregate EB-5 Capital Investment:	Indirect Job Creation:	Aggregate	Jobs Maintained:	
	Does this EB-5 commercial enterprise serve that have or will create or maintain jobs for E		ent into other business e	ntities	□ No 🗵
	If yes, then identify the name and address of job creation/maintenance associated with each		ss, as well as the amour	nt of EB-5 ca	apital investment an
	(1) Business Name:		Industry Category Ti	ile:	
•	RE Projects - OSR, LLC		53		
	Address (Street Number and Name):	City:		State:	Zip Code:
	3090 Olive Street, Suite 300	Dallas		TX	75219
(4)	BB-5 Capital Investment:	Dallas Direct and Indirect Jo	ob Creation:	TX Jobs Main	
(4)			ob Creation:		
(4)			Industry Category Tit	Jobs Main	
(4)	EB-5 Capital Investment:			Jobs Main	
(4)	EB-5 Capital Investment: (2) Business Name:	Direct and Indirect J	Industry Category Tit	Jobs Main	zip Code:
(4)	EB-5 Capital Investment: (2) Business Name: Address (Street Number and Name):	Direct and Indirect July	Industry Category Tit	Jobs Main le: State: Jobs Main	zip Code:
(4)	EB-5 Capital Investment: (2) Business Name: Address (Street Number and Name): EB-5 Capital Investment:	Direct and Indirect July	Industry Category Tit	Jobs Main le: State: Jobs Main	tained:

	d. Name of Commercial Enterprise:	•	Industry Category Ti	tle:	
,	CMB Infrastructure Investmen	t Group XVI,LLC	23		
	Address (Street Number and Name):	City:		State:	Zip Code:
	7819 42nd Street W.	Rock Island		IL	612010
)(4)	Aggregate EB-5 Capital Investment:	Aggregate Direct and	Indirect Job Creation:	Aggregate Joh	os Maintained:
•	Does this EB-5 commercial enterprise serve that have or will create or maintain jobs for E		nt into other business e	ntities	□ No 🗵 Yes
	If yes, then identify the name and address of job creation/maintenance associated with each	each job creating busines	s, as well as the amour	at of EB-5 capita	al investment and
	(1) Business Name:		Industry Category Ti	le:	
	GWGG, LLC	1	23	,	
	Address (Street Number and Name):	City:		State:	Zip Code:
	2725 Rocky Mountain Avenue	Loveland		со	80538
(41)	EB-5 Capital Investment:	Direct and Indirect Jo	b Creation:	Jobs Maintain	ed:
• •					
	(2) Business Name:		Industry Category Titl	e:	
	Address (Street Number and Name):	City:		State:	Zip Code:
	EB-5 Capital Investment:	Direct and Indirect Jol	b Creation:	Jobs Maintaine	ed:
	EB-5 Capital Investment: e. Name of Commercial Enterprise:	Direct and Indirect Jol	Creation:		ed:
					ed:
	e. Name of Commercial Enterprise:		Industry Category Tit		ed: Zip Code:
	e. Name of Commercial Enterprise: CMB Export Infras. Invest. Gr	roup 28, LF	Industry Category Tit	le:	

(1) Business Name:		Industry Catego	ry Title:	
Marina Village Associates,	rrc	23		
Address (Street Number and Name):	City:		State:	Zip Code:
1999 Avenue of the Stars	Los Angeles		CA	90067
	Direct and Indirect Job Creation:		Jobs Maintained:	
EB-5 Capital Investment:	Direct and Indirect Jo	ob Creation:	Jobs Mai	ntained:
EB-5 Capital Investment: (2) Business Name:	Direct and Indirect Jo	Industry Categor		ntained:
(2) Business Name:	Direct and Indirect Jo			
•			ry Title:	ntained:

4. Provide the total number of approved, denied and revoked Form I-526 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

	Form I-526 Petition Final Case Actions				
)(4)	Approved	Denied	Revoked		
ſ					

5. Provide the total number of approved, denied and revoked Form 1-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

[Form I-1	329 Petition Final Cas	e Actions
	Approved	Denied	Revoked
(b)(4)			
L			

NOTE: USCIS may require case-specific data relating to individual EB-5 petitions and the job creation determination and further information regarding the allocation methodologies utilized by a regional center in certain instances in order to verify the aggregate data provided above.

* "	~	rmation on penalties in the instructions before con, he or she must compete Part 5.	completing this section. If
submitted with it are all tru	e and correct. I authorize t	te United States of America, that this supplemental is the release of any information from my records that I for the benefit being sought. I also certify that I have	U.S. Citizenship and
Signature of Applicant	/	Printed Name of Applicant	Date (mm/dd/yyyy)
Stat & p	n	Patrick F. Hogan	12/15/2014
Daytime Phone Number (Area/Country Codes)		E-Mail Address	
(309)797-1550		pat@cmbeb5visa.com	
Relationship to the Regio	nal Center Entity (Mana	ging Member, President, CEO, etc.)	
Managing Member			
,			
Part 5. Signature of	Person Preparing Th	nis Form, If Other Than Above (Sign Bela	
the answers and information	n are those provided by the	rovided by someone with authority to act on behalf Regional Center. est for Evidence (RFE), may the USCIS contact	of the Regional Center, and No Yes
Signature of Preparer		Printed Name of Preparer	Date (mm/dd/yyyy)
Firm Name and Address			
		· ·	
Daytime Phone Number (Area/Country Codes)	Fax Number (Area/ Country Codes)	E-Mail Address	
		<u> </u>	<u> </u>
•			

OMB No. 1615-0061; Expires 01/31/2015

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. Form I-924A, Supplement to Form 1-924

Department of Homeland Security

Part 1. Information About Princip	al of the Regio	nal Center		.'	
Name: Last	First			Middl	e
Hogan	Pati	rick .		Fran	cis
In Care Of: CMB Export, LLC	.				
Street Address/P.O. Box: 7819 42nd St	reet W.			,	
City: Rock Island (b)(6)		State: IL		Zip (Code: 61201 .
Date of Birth (mm/dd/yyyy): Fax Num (include d	ber area code): (855)	852-5133	Telephon	e Number area code)	: (309) 797-1550
Web site address: www.cmbeb5visa.com	1		,	N	
USCIS-assigned number for the Designated F Regional Center's most recently issued appro-	_ ,		23425084	1	
Part 2. Application Type (check on	e)				
a. Supplement for the Fiscal Year Endin	g September 30.	2013 (ΥΥΥΥ)			
□ b. Supplement for a Series of Fiscal Yea			(YYYY) and	Friding on	Sentember 30 //YYY
C or supplement for a series of triscal rea	is organing on c	ALLOOCI I,	(1111) and	Ditolii G	Geptemeet 301(/////
Part 3. Information About the Reg	ional Center	,			
(Use a continuation sheet, if needed, to provid principals, agents, individuals, or entities who center.)					
A. Name of Regional Center: CMB Export	t, LLC				
Street Address/P.O. Box: 7819 42nd	Street W.				. · ·
City: Rock Island		State: 1L			Zip Code: 61201
Website www.cmbeb5visa.com Address:	Fax Number (include area c	ode): (855) 85	2-5133 T	elephone	(200) 707_1550
					ea code): (309) 797-1550
B. Name of Managing Company/Agency: Cl	4B Export, L	LC			ea code): (303) /31-1330
B. Name of Managing Company/Agency: Ct Street Address/P.O. Box: 7819 42nd	<u> </u>	LC			ea code): (303) 737-1330
	<u> </u>	State: IL		,	Zip Code: 61201
Street Address/P.O. Box: 7819 42nd	<u> </u>	State: IL (855) 85	2-5133 T	elephone nclude are	Zip Code: 61201 (309) 797-1550
Street Address/P.O. Box: 7819 42nd City: Rock Island Web site	Street W.	State: IL (855) 85	2-5133 T	elephone	Zip Code: 61201 (309) 797-1550
Street Address/P.O. Box: 7819 42nd City: Rock Island Web site Address: www.cmbeb5visa.com	Street W.	State: IL (855) 85	2-5133 T	elephone	Zip Code: 61201 (309) 797-1550
Street Address/P.O. Box: 7819 42nd City: Rock Island Web site Address: www.cmbeb5visa.com C. Name of Other Agent:	Street W.	State: IL (855) 85	2-5133 T	elephone nclude are	Zip Code: 61201 (309) 797-1550



12/26/2013

Answer the following questions for the time pitem, attach a continuation sheet, indicate the			extra space is	needed to comple
Identify the aggregate EB-5 capital investr	·	•	S canital invest	ments sponsored
the regional center. (Note: Separately idea				
Aggregate EB-5 Capital Investment	Aggregate Direct and	Indirect Job Creation	Aggreg	gate Jobs Maintair
2. Identify each industry that has been the for aggregate EB-5 capital investment and job businesses".)				
a. Industry Category Title:			NAICS Code	for the Industry (
Construction			2 3	3
Aggregate EB-5 Capital Investment:	Aggregate Direct and	ndirect Job Creation:	Aggregate Jo	bs Maintained:
b. Industry Category Title:			NAICS Code	for the Industry (
Aggregate EB-5 Capital Investment:	Aggregate Direct and I	ndirect Job Creation:	Aggregate Jo	bs Maintained:
c. Industry Category Title:	<u> </u>		NAICS Code	for the Industry (
Aggregate EB-5 Capital Investment:	Aggregate Direct and I	ndirect Job Creation:	Aggregate Jol	bs Maintained:
3. Provide the following information for each regional center that has received EB-5 inve		enterprise located with		hic scope of your
CMB Infrastructure Investm	ent Group VIII	23		<u> </u>
Address (Street Number and Name):	City:		State:	Zip Code:
7819 42nd Street W.	Rock Island	•	ır	61201
Aggregate EB-5 Capital Investment:	Aggregate Direct and	Indirect Job Creation:	Aggregate J	lobs Maintained:

If yes, then identify the name and address of excreation/maintenance associated with each job		ss, as well as the ar	mount of EB-5 ca	pital investmen
(1) Business Name:		Industry Categor	y Title:	
Real Estate Projects, LLC		23		
Address (Street Number and Name):	City:		State:	Zip Code:
3090 Olive Street, Suite 300	Dallas		TX	75219
EB-5 Capital Investment:	Direct and Indirect Jo	ob Creation:	Jobs Mainta	ained:
(2) Business Name		Industry Categor	y Title:	
Address (Street Number and Name):	City:		State:	Zip Code:
EB-5 Capital Investment:	Direct and Indirect Jo	b Creation:	Jobs Mainta	nined:
b. Name of Commercial Enterprise: CMB Infrastructure Investment	Group IX, LP	Industry Categor	y Title:	
Address (Street Number and Name):	City:		State:	Zip Code:
7819 42nd Street W.	Rock Island		\II.	61201
Aggregate EB-5 Capital Investment:	Aggregate Direct and	Indirect Job Creati	on: Aggregate	Jobs Maintaine
Does this EB-5 commercial enterprise serve as have or will create or maintain jobs for EB-5 p	urposes?			☐ No 🗵
If yes, then identify the name and address of ea creation/maintenance associated with each job		ss, as well as the an	nount of EB-5 ca	pital investmen
(1) Business Name:		Industry Category	/ Title:	
SolarReserve CSP Finance, LLC		23		
Address (Street Number and Name):	City:	***************************************	State:	Zip Code
2425 Olympic Blvd., Suite 500	Santa Monica	•	CA	90404
EB-5 Capital Investment	Direct and Indirect Jol	Creation	Jobs Maint	ained

(2) Business Name:		Industry Categor	y Title:	
Address (Street Number and Name):	City:		State:	Zip Code:
EB-5 Capital Investment:	Direct and Indirect J	ob Creation:	Jobs Mai	intained:
c. Name of Commercial Enterprise:		Industry Category	. Title:	***************************************
CMB Infrastructure Investme	nt Group XI, LP	23	y Title.	
Address (Street Number and Name):	City:		State:	Zip Code:
7819 42nd Street W.	Rock Island	,	IL	61201
Aggregate EB-5 Capital Investment:	Aggregate Direct and	Indirect Job Creati	on: Aggregat	e Jobs Maintainec
Does this EB-5 commercial enterprise serve that have or will create or maintain jobs for If yes, then identify the name and address o	EB-5 purposes? feach job creating busine	,		
that have or will create or maintain jobs for If yes, then identify the name and address o creation/maintenance associated with each (1) Business Name:	EB-5 purposes? f each job creating busing job creating business.	,	nount of EB-5 c	نيا اليا
that have or will create or maintain jobs for If yes, then identify the name and address o creation/maintenance associated with each	EB-5 purposes? f each job creating busing job creating business.	ess, as well as the an	nount of EB-5 c	
that have or will create or maintain jobs for If yes, then identify the name and address of creation/maintenance associated with each (1) Business Name: Cobra Energy Investment Final Address (Street Number and Name):	EB-5 purposes? f each job creating business. ance, LLC City:	Industry Category	nount of EB-5 c	
that have or will create or maintain jobs for If yes, then identify the name and address o creation/maintenance associated with each (1) Business Name: Cobra Energy Investment Fina	EB-5 purposes? f each job creating business. ance, LLC City:	Industry Category	nount of EB-5 c	apital investment
that have or will create or maintain jobs for If yes, then identify the name and address of creation/maintenance associated with each (1) Business Name: Cobra Energy Investment Final Address (Street Number and Name):	EB-5 purposes? f each job creating business. ance, LLC City:	Industry Category 23 Spain	nount of EB-5 c	apital investment Zip Code:
that have or will create or maintain jobs for If yes, then identify the name and address of creation/maintenance associated with each (1) Business Name: Cobra Energy Investment Final Address (Street Number and Name): Cardenal Marcelo Spinolla, I	EB-5 purposes? f each job creating business. ance, LLC City: 28016 Madrid,	Industry Category 23 Spain	y Title: State: Jobs Main	apital investment Zip Code:
that have or will create or maintain jobs for If yes, then identify the name and address o creation/maintenance associated with each (1) Business Name: Cobra Energy Investment Final Address (Street Number and Name): Cardenal Marcelo Spinolla, 1 EB-5 Capital Investment:	f each job creating busing job creating business. ance, LLC City: 28016 Madrid, Direct and Indirect Jo	Industry Category 23 Spain Ob Creation:	y Title: State: Jobs Main	apital investment Zip Code:
that have or will create or maintain jobs for If yes, then identify the name and address of creation/maintenance associated with each (1) Business Name: Cobra Energy Investment Final Address (Street Number and Name): Cardenal Marcelo Spinolla, Investment:	f each job creating busing job creating business. ance, LLC City: 28016 Madrid, Direct and Indirect Jo	Industry Category 23 Spain b Creation:	y Title: State: Jobs Main	apital investment Zip Code:
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that have or will create or maintain jobs for If yes, then identify the name and address of creation/maintenance associated with each (1) Business Name: Cobra Energy Investment Final Address (Street Number and Name): Cardenal Marcelo Spinolla, Investment: (2) Business Name: Cobra Energy Investment Final Address (Street Number and Name):	feach job creating busing job creating business. ance, LLC City: 28016 Madrid, Direct and Indirect Journe, LLC City:	Industry Category 23 Spain b Creation: Industry Category 23	nount of EB-5 of Title: State: Jobs Main Title: State:	Zip Code: Zip Code: 90404

d. Name of Commercial Enterprise:		Industry Category Ti	tle:	
CMB Infrastructure Investment	Group XIV, LP	23		
Address (Street Number and Name):	City:		State:	Zip Code:
7819 42nd Street W.	Rock Island		IL	61201
Aggregate EB-5 Capital Investment:	Aggregate Direct and	Indirect Job Creation:	Aggregate	e Jobs Maintaine
Does this EB-5 commercial enterprise serve as that have or will create or maintain jobs for EE		nt into other business e	entities	
If yes, then identify the name and address of earlight creation/maintenance associated with each	ach job creating busines	s, as well as the amour	nt of EB-5 c	apital investment
(1) Business Name:		Industry Category Ti	tle:	
Real Estate Projects - Reside	ntial I, LLC	23		
Address (Street Number and Name):	City:		State:	Zip Code:
3090 Olive Street, Suite 300	Dallas		TX	75219
EB-5 Capital Investment:	Direct and Indirect Jo	b Creation:	Jobs Main	itained:
(2) Business Name:		Industry Category Tit	le:	
Address (Street Number and Name):	City:	,	State:	Zip Code:
EB-5 Capital Investment:	Direct and Indirect Jol	b Creation:	Jobs Main	tained:
e. Name of Commercial Enterprise:		Industry Category Tit	le:	
	City:		State:	Zip Code:
Address Street Number and Name:				Jobs Maintained
	Aggregate Direct and I	Indirect Job Creation:	Aggregate	ACCO INICALINGATION

	d. Name of Commercial Enterprise:		Industry Category Ti	itle:	
	CMB Infrastructure Investmen	t Group XV, LP	23		•
	Address (Street Number and Name):	City:		State:	Zip Code:
,	7819 42nd Street W.	Rock Island		ır	61201
) •	Aggregate EB-5 Capital Investment:	Aggregate Direct and	Indirect Job Creation:	Aggregate	e Jobs Maintained:
L	Does this EB-5 commercial enterprise serve that have or will create or maintain jobs for E		ent into other business e	entities	No ⊠ `
	If yes, then identify the name and address of job creation/maintenance associated with eac		ss, as well as the amou	nt of EB-5 c	apital investment an
	(1) Business Name:		Industry Category Ti	tle:	Manufachidadi Int
	PCCP IRG Downey, LLC & IRG Do	owney, LLC	23		,
	Address (Street Number and Name):	City:	1	State:	Zip Code:
	Address (Succe Homoet and Hame).	•			
	12214 Lakewood Blvd.	Downey		CA	90242
			b Creation:	CA Jobs Main	
	12214 Lakewood Blvd.	Downey	ob Creation:		
	12214 Lakewood Blvd.	Downey	ob Creation: Industry Category Tit	Jobs Main	
	12214 Lakewood Blvd. EB-5 Capital Investment:	Downey		Jobs Main	
	12214 Lakewood Blvd. EB-5 Capital Investment:	Downey		Jobs Main	
	12214 Lakewood Blvd. EB-5 Capital Investment: (2) Business Name:	Downey Direct and Indirect Jo		Jobs Main	stained:
	12214 Lakewood Blvd. EB-5 Capital Investment: (2) Business Name:	Downey Direct and Indirect Jo	Industry Category Tit	Jobs Main	Zip Code:
	12214 Lakewood Blvd. EB-5 Capital Investment: (2) Business Name: Address (Street Number and Name):	Downey Direct and Indirect Jo City:	Industry Category Tit	Jobs Main	Zip Code:
	12214 Lakewood Blvd. EB-5 Capital Investment: (2) Business Name: Address (Street Number and Name):	Downey Direct and Indirect Jo City:	Industry Category Tit	Jobs Main	Zip Code:
	12214 Lakewood Blvd. EB-5 Capital Investment: (2) Business Name: Address (Street Number and Name): EB-5 Capital Investment:	Downey Direct and Indirect Jo City:	Industry Category Tit	Jobs Main	Zip Code:

	d. Name of Commercial Enterprise:		Industry Category Ti	tle:	-
	CMB Infrastructure Investment	Group XVIIILP	23		
	Address (Street Number and Name):	City:		State:	Zip Code:
F)	7819 42nd Street W.	Rock Isalnd		IL	61201
•	Aggregate EB-5 Capital Investment:	Aggregate Direct and	Indirect Job Creation:	Aggregate	Jobs Maintained:
l	Does this EB-5 commercial enterprise serve as that have or will create or maintain jobs for EB	-5 purposes?			□ No 区
	If yes, then identify the name and address of ea job creation/maintenance associated with each		s, as well as the amoun	t of EB-5 c	apital investment and
	(1) Business Name:		Industry Category Tit	le:	
	Real Estate Projects - SF II,	LLC	23		,
	Address (Street Number and Name):	City:	-	State:	Zip Code:
	3090 Olive Street, Suite 300	Dallas		тx	75219
	EB-5 Capital Investment:	Direct and Indirect Joi	b Creation:	Jobs Main	tained:
					4
·	(2) Business Name:		Industry Category Titl	e:	
	Address (Street Number and Name):	City:		State:	Zip Code:
	EB-5 Capital Investment:	Direct and Indirect Job	Creation:	Jobs Main	tained:
	e. Name of Commercial Enterprise:		Industry Category Titl	[e:	,
	·				
	Address Street Number and Name:	City:		State:	Zip Code:
	Aggregate EB-S Capital Investment:	 	ndirect Job Creation:	Accrecate	Jobs Maintained:

d. Name of Commercial Enterprise:		Industry Category	Title:	
CMB Infrastructure Investme	ent Group XII, LP	23		•
Address (Street Number and Name):	City:	1	State:	Zip Code:
7819 42nd Street W.	Rock Island		IL	61201
Aggregate EB-5 Capital Investment:	Aggregate Direct and	Indirect Job Creation	n: Aggregat	e Jobs Maintaine
Does this EB-5 commercial enterprise servithat have or will create or maintain jobs fo		ent into other business	s ėntities	No [
If yes, then identify the name and address of observation maintenance associated with e		ss, as well as the amo	unt of EB-5 d	apital investmen
(1) Business Name:		Industry Category	Title:	
Real Estate Projects - Resi	idential II, LLC	23		
Address (Street Number and Name):	City:		State:	Zip Code:
3090 Olive Street, Suite 30	Dallas	,	TX	75219
EB-5 Canital Investment:	Direct and Indirect In	oh Creation:	Jobs Mair	ptained:
(2) Business Name:		Industry Category T	`itle:	<u>,</u>
Address (Street Number and Name):	City:		State:	Zip Code:
EB-5 Capital Investment:	Direct and Indirect Jo	b Creation:	Jobs Mair	ntained:
. Name of Commercial Enterprise:		Industry Category 1	`itle:	,
CMB Infrastructure Investme	nt Group XIII LP	23		
	City:	· .	State:	Zip Code:
Address Street Number and Name:	Rock Island		ır	61201
Address Street Number and Name: 7819 42nd Street W	NOCK 1318IIG			

b creation/maintenance associated with each				apital investment an
(1) Business Name:		Industry Catego	ry Title:	
REP Chino Projects, LLC		23		
Address (Street Number and Name):	City:	······································	State:	Zip Code:
3090 Olive Street, Suite 300	Dallas		TX	75219
EB-5 Capital Investment:	Direct and Indire	ct Job Creation:	Jobs Mai	
		······································		(b)(4)
				(10)
(2) Business Name:		Industry Catego	ry Title:	(0)(4)
(2) Business Name: Address (Street Number and Name):	City:	Industry Catego	ry Title:	Zip Code:

4. Provide the total number of approved, denied and revoked Form I-526 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

	Form I-	526 Petition Final Ca	se Actions
(b)(4)	Approved	Denied	Revoked
`			

5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

	Form I-829 Petition Final Case Actions			
,	Approved	Denied	Revoked	
(b)(4)				

NOTE: USCIS may require case-specific data relating to individual EB-5 petitions and the job creation determination and further information regarding the allocation methodologies utilized by a regional center in certain instances in order to verify the aggregate data provided above.

submitted with it are all tru	e and correct. I authorize th	he United States of America, that this supplemental he release of any information from my records that or the benefit being sought. I also certify that I have	U.S. Citizenship and
Signature of Applicant	2/	Printed Name of Applicant	Date (mm/dd/yyyy)
Daytimo-Phone Number (Area/Country Codes)		Patrick F. Hogan E-Mail Address	12/09/2013
3097971550		pat@cmbeb5visa.com	
President	***************************************		
Part 5. Signature of I declare that I prepared thin the answers and information	s form using information p	-	f of the Regional Center, and
Part 5. Signature of I declare that I prepared thin the answers and information	s form using information p	provided by someone with authority to act on behal	f of the Regional Center, and
Part 5. Signature of I declare that I prepared thi the answers and information Attorney or Representative	s form using information p	provided by someone with authority to act on behale e Regional Center.	f of the Regional Center, and
Part 5. Signature of I declare that I prepared this the answers and information Attorney or Representative you by Fax or E-mail? Signature of Preparer	s form using information p	provided by someone with authority to act on behale Regional Center. est for Evidence (RFE), may the USCIS contact	f of the Regional Center, and
Part 5. Signature of I declare that I prepared thin the answers and information Attorney or Representative you by Fax or E-mail?	s form using information p	provided by someone with authority to act on behale Regional Center. est for Evidence (RFE), may the USCIS contact	f of the Regional Center, and



Department of Homeland SecurityU.S. Citizenship and Immigration Services

Form I-924, Application for Regional Center Under the Immigrant Investor Pilot Program

Do No	t Write in Th	is Block - fo	r USCIS Use	Only (except G	-28 block be	elow)	
Action Block				RCW16 maginger G-28 attached Attorney's State L 146597/2086	13354 1924 icense No.		
Part 1. Information A	bout Princip	al of the R	egional Cen	ter			
Name: Last			First		Middle		
Hogan			Patrick		Franc	is	
C/O: CMB Export LLC							
Street Address/P.O. Box: 78	19 42nd Str	eet West					
City: Rock Island	(b)(6)		State: L	,	Zip C	Zip Code: 61201	
Date of Birth (mm/dd/yyyy		Fax Number Telephone Number		mber code): (309) 797-1550			
Web site address:	nbeb5visa.c	om					
Part 2. Application Ty	ype (Select or	ne)					
a. Initial Application for	or Designation a	s a Regional (Center				
b. Amendment to an app Regional Center's pre enterprise. (ID: 10	evious approval	notice): App	roval of I-526	exemplar for aff		mber, if any (also attach the commercial	
Part 3. Information A	bout the Re	gional Cen	ter				
(Use a continuation sheet, if a principals, agents, individual center.)							
A. Name of Regional Center	CMB Expo	rt LLC					
Street Address/P.O. Box:	7819 42nd	Street We	st	Tanna Hallando Liv			
City: Rock Island			State: IL	THE RESERVE AND ADDRESS OF THE PROPERTY OF THE		Zip Code: 61201	
Web site address:			Fax Number	(include area code):	Telephone 1	Number (include area code):	
www.cmbeb5visa.com (309) 797-1655 (309) 797-1550			7-1550				

B. Name of Managing Company/Agency:	N/A			
Street Address/P.O. Box:				
City:	S	State:		Zip Code:
Web site address:	F	ax Number (include area code):	Telephone N	Jumber (include area code):
C. Name of Other Agent:				
Street Address/P.O. Box:				
City:	S	tate:		Zip Code:
Web site address:	F	ax Number (include area code):	Telephone N	Jumber (include area code):
	N. A.			

Part 3. Information About the Regional Center (Continued)
Note: If extra space is needed to complete any item, attach a continuation sheet, indicate the item number, and provide the response.
a. Describe the structure, ownership and control of the regional center entity.
CMB is a limited liability company. Ownership of the regional center is held 50% by the Patrick F. Hogan Trust and 50% by the Joan L. Hogan Trust. Patrick F. Hogan ("Mr. Hogan") is the Managing Member of CMB.
b. Date the Regional Center was established(mm/dd/yyyy): 01/13/1997
c. Organization Structure for the Regional Center:
1. Agency of a U.S. State or Territory (identify)
2. Corporation
3. Partnership (including Limited Partnership)
4. Limited Liability Company (LLC)
5. Other (Explain)
2. Has this regional center's designation ever been formally terminated by USCIS, or has the regional center ever filed a Form I-924 or regional center proposal or amendment that was denied?
No Yes - Attach a copy of the adverse decision, with an explanation, the date of decision, and case number, if any.
3. Describe the geographic area of the regional center. Note: This area must be contiguous. Provide a map of the geographic area.
Per USCIS letter dated July 22, 2013, CMB has authorization to operate within the entire State of California and Nye County, Nevada.
4. Describe the regional center's administration, oversight, and management functions that are or will be in place to monitor all EB-5 capital investment activities and the allocation of the resulting jobs created or maintained under the sponsorship of the regional center.
CMB has been operating as a regional center for over 17 years, and throughout this period, has properly complied with all monitoring and reporting requirements. Mr. Hogan is familiar with all USCIS requirements to maintain CMB's regional center designation. Additionally, there are several full-time employees that assist with the monitoring and reporting requirements for USCIS.

Part 3. Information About the Regional Center	(Continued)
activity, along with evidence of the funds committed to the	for the regional center. Include a description of the budget for this regional center for promotional activities. Submit a plan of operation ill be recruited, the methods by which the capital investment will subscribe or commit to the investment interest.
Please refer to the attached statement by Mr. H	logan regarding CMB's promotional activities.
	a supporting a due diligence screening of its alien investor's lawful est the requisite amount of capital. Also, describe the regional center's tice.
CMB regularly conducts due diligence in evalua source of funds. Please refer to the attached st	ating prospective EB-5 investors, including lawful ratement by Mr. Hogan.
7. Identify each industry that has or will be the focus of EB-5	capital investments sponsored through the regional center.
Industry Category Title: Construction NAICS Code for the Industry Category: 230000	Is the Form I-924 application supported by an economic analysis and underlying business plan for the determination of prospective EB-5 job creation through EB-5 investments in this industry category? No - Attach an explanation Yes
Industry Category Title: Apartment Building Leasing NAICS Code for the Industry Category: 531110	Is the Form I-924 application supported by an economic analysis and underlying business plan for the determination of prospective EB-5 job creation through EB-5 investments in this industry category? No - Attach an explanation Yes
Industry Category Title:	Is the Form I-924 application supported by an economic analysis and underlying business plan for the determination of prospective EB-5 job creation through EB-5 investments in this industry category?
NAICS Code for the Industry Category:	☐ No - Attach an explanation ☐ Yes

Part 3. Information About the Regional Center (Continue	ed)	
8a. Describe and document the current and/or prospective structure of own EB-5 alien investors have or will make their capital investments.	nership and control of the commo	ercial entity(s) in which the
CMB is seeking approval of an I-526 exemplar for an af Export Infrastructure Investment Group 57, LP ("CMB Gro exemplar petition documents, the co-General Partner, Cl The EB-5 investors will own collectively the remaining	oup 57"). As reflected in MB Export, owns 20% of the	the attached
b. Date commercial enterprise established, if any (mm/dd/yyyy): 07/1	4/2015	
c. Organization Structure for commercial enterprise:		
1. Corporation		
2. Partnership (including Limited Partnership)		
3. Limited Liability Company (LLC)		
4. Other (Explain)		
d. Has or will the Regional Center or any of its principals or agents have	an equity stake in the commerci	al enterprise?
No Yes - Attach an explanation and documentation that out will be paid.	lines when and under what circu	mstances these remittances
e. Has or will the Regional Center or any of its principals or agents recei through EB-5 capital investment activities from this commercial enter required of the EB-5 alien entrepreneurs?		
No Yes - Attach an explanation and documentation that out will be paid.	lines when and under what circu	mstances these remittances
Part 4. Applicant Signature Read the information on penaltie someone helped you prepare this petition, he or she must		ompleting this section. If
I certify, under penalty of perjury under the laws of the United States of An all true and correct. I authorize the release of any information from my rece to determine eligibility for the benefit being sought. I also certify that I have	ords that U.S. Citizenship and In	nmigration Services needs
Signature of Applicant	Daytime Phone Number	Date (mm/dd/yyyy)
1 7 Kg	(Area/Country Codes) (309) 797-1550	05/01/2016
Printed Name of Applicant	E-Mail Address	
Patrick F. Hogan	pat@cmbeb5visa.com	1
Relationship to the Regional Center Entity (Managing Member, Presi	-	
President/Managing Member of CMB Export, LLC	· · · · · ·	
	· · · · · · · · · · · · · · · · · · ·	

Part 5. Signature of Person Preparing This Form, If Other Than Above (Sign Below)

I declare that I prepared this application using information provided by someone with authority to act on behalf of the Regional Center, and the answers and information provided by the Regional Center.

Attorney or Representative: In the event of a Request for Evidence (RFE), may the USCIS contact you by Fax or E-mail?

✓ Yes ☐ No

Printed Name of Preparer Date (mm/dd/yyyy) Signature of Preparer Lincoln Stone / Elsie Arias Name and Address Stone Grzegorek & Gonzalez LLP 800 Wilshire Boulevard, Suite 900, Los Angeles, CA 90017 **Daytime Phone Number** Fax Number (Area/ E-Mail Address

(Area/Country Codes)

(213) 627-8997

Country Codes)

(213) 627-8998

Lincoln@sggimmigration.com / Elsie@sggimmigration.com

OMB No. 1615-0061; Expires 01/31/2015

or Regional Center stor Pilot Program

Department of Homeland Security U.S. Citizenship and Immigration Services	Form 1-924, Application for Under the Immigrant Invest

Do Not Write in This Blo	ock - fe	or USCIS Use	Only (except G	-28 bl	ock beld	nw)
Action Block				V15		53001 09/25/2015
			G-28 attached	l		
			Attorney's State L	icense	No.	
		,	146597/2086	665		
						
Part 1. Information About Principal of	the R	egional Cen	ter			
Name: Last		First		N	Middle	
Hogan		Patrick		∤F	rancis	
C/O: CMB Export LLC						
Street Address/P.O. Box: 7819 42nd Street	Vest					4.04.00.00.00.00.00.00.00.00.00.00.00.00
City: Rock Island (b)(6)		State: L Zip C		Zip Code	Code: 61201	
Date of Righ Fax 1	Number ude area	a code): (309)	797-1655 T	elepho nclude	ne Numb area cod	e): (309) 797-1550
Web site address: www.cmbeb5visa.com		-				
Part 2. Application Type (Check one)						
a. Initial Application for Designation as a Reg	gional (Center				
b. Amendment to an approved Regional Center Regional Center's previous approval notice						
enterprise. (ID: 1031910156)						***************************************
Part 3. Information About the Regiona						
(Use a continuation sheet, if needed, to provide information principals, agents, individuals or entities who are or center.)						
A. Name of Regional Center: CMB Export LL	.C					
Street Address/P.O. Box: 7819 42nd Street	et We	est				
City: Rock Island		State: L	Zip Code: 6120		Zip Code: 61201	
Web site address:		Fax Number (i	r (include area code): Telephone Number (include area code		nber (include area code):	
www.cmbeb5visa.com	:	(309) 797-	1655	(309	9) 797-	1550

B. Name of Managing Company/Agency: N/A				
Street Address/P.O. Box:				
City:	State:	Zip Code:		
Web site address:	Fax Number (include area code):	Telephone Number (include area code):		
C. Name of Other Agent:				
Street Address/P.O. Box:				
City:	State:	Zip Code:		
Web site address:	Fax Number (include area code):	Telephone Number (include area code):		
LLC				

Part 3. Information About the Regional Center (Continued)
Note: If extra space is needed to complete any item, attach a continuation sheet, indicate the item number, and provide the response.
1a. Describe the structure, ownership and control of the regional center entity.
CMB Export LLC ("CMB Export") is a limited liability company. Ownership of the Regional Center is held 50% by the Patrick F. Hogan Trust and 50% by the Joan L. Hogan Trust. Patrick F. Hogan ("Mr. Hogan") is the Managing Member of CMB Export.
b. Date the Regional Center was established(mm/dd/yyyy): 01/13/1997
c. Organization Structure for the Regional Center:
1. Agency of a U.S. State or Territory (identify)
2. Corporation
3. Partnership (including Limited Partnership)
4. Limited Liability Company (LLC)
5. Other (Explain)
2. Has this regional center's designation ever been formally terminated by USCIS, or has the regional center ever filed a Form I-924 or regional center proposal or amendment that was denied?
No Yes - Attach a copy of the adverse decision, with an explanation, the date of decision, and case number, if any.
3. Describe the geographic area of the regional center. Note: This area must be contiguous. Provide a map of the geographic area.
Per USCIS letter (dated July 22, 2013), CMB Export has authorization to operate within the entire State of California and Nye County, Nevada.
4. Describe the regional center's administration, oversight, and management functions that are or will be in place to monitor all EB-5 capital investment activities and the allocation of the resulting jobs created or maintained under the sponsorship of the regional center.
CMB Export has been operating as a regional center for over 17 years, and throughout this period, has properly complied with all monitoring and reporting requirements. Mr. Hogan is familiar with all USCIS requirements to maintain CMB Export's regional center designation. Additionally, there are several full-time employees that assist with the monitoring and reporting requirements for USCIS.

Part 3. Information About the Regional Center	(Continued)	
5. Describe the past, current, and future promotional activities for the regional center. Include a description of the budget for this activity, along with evidence of the funds committed to the regional center for promotional activities. Submit a plan of operation for the regional center that addresses how EB-5 investors will be recruited, the method(s) by which the capital investment opportunities will be offered to the investors, and how they will subscribe or commit to the investment interest.		
Please refer to the attached statement by Mr activities.	r. Hogan regarding CMB Export's promotional	
	n supporting a due diligence screening of its alien investor's lawful est the requisite amount of capital. Also, describe the regional center's ctice.	
CMB Export regularly conducts due diligence lawful source of funds. Please refer to the att	e in evaluating prospective EB-5 investors, including tached statement by Patrick F. Hogan.	
7. Identify each industry that has or will be the focus of EB-5	capital investments sponsored through the regional center.	
Industry Category Title: Construction NAICS Code for the Industry Category: 2 3 0 0 0 0	Is the Form I-924 application supported by an economic analysis and underlying business plan for the determination of prospective EB-5 job creation through EB-5 investments in this industry category? No - Attach an explanation Yes	
Industry Category Title: NAICS Code for the Industry Category:	Is the Form I-924 application supported by an economic analysis and underlying business plan for the determination of prospective EB-5 job creation through EB-5 investments in this industry category? No - Attach an explanation Yes	
Industry Category Title:	Is the Form I-924 application supported by an economic analysis and underlying business plan for the determination of prospective EB-5 job creation through EB-5 investments in this industry category? No - Attach an explanation	
NAICS Code for the Industry Category:	Yes	

Part 3. Information About the Regional Center (Contin	ued)	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
8a. Describe and document the current and/or prospective structure of ov EB-5 alien investors have or will make their capital investments.	vnership and control of the comm	ercial entity(s) in which the
CMB Export is seeking approval of an I-526 exemplar penterprise - CMB Export Infrastructure Investment Grouin the attached exemplar petition documents, the co-Genterprise. The EB-5 investors will own collectively to	ip 42, LP. ("CMB Group 42") ineral Partner, CMB Export). As reflected owns 20% of this
b. Date commercial enterprise established, if any (mm/dd/yyyy): 09/	29/2014	
c. Organization Structure for commercial enterprise:		
1. Corporation		
2. Partnership (including Limited Partnership)		
3. Limited Liability Company (LLC)		
4. Other (Explain)		
d. Has or will the Regional Center or any of its principals or agents ha	ve an equity stake in the commerc	cial enterprise?
☐ No ☐ Yes - Attach an explanation and documentation that o will be paid.	utlines when and under what circu	umstances these remittances
 e. Has or will the Regional Center or any of its principals or agents recthrough EB-5 capital investment activities from this commercial ent required of the EB-5 alien entrepreneurs? No Yes - Attach an explanation and documentation that o will be paid. 	erprise, beyond the minimum cap	ital investment threshold
Part 4. Applicant Signature Read the information on penals someone helped you prepare this petition, he or she mus		ompleting this section. If
I certify, under penalty of perjury under the laws of the United States of all true and correct. I authorize the release of any information from my reto determine eligibility for the benefit being sought. I also certify that I have the control of the certify that I have the certification of the cert	ecords that U.S. Citizenship and I	mmigration Services needs
Signature of Applicant	Daytime Phone Number (Area/Country Codes)	Date (mm/dd/yyyy)
1 / In	(309) 797-1550	
Printed Name of Applicant	E-Mail Address	
Patrick F. Hogan $oldsymbol{\mathcal{U}}$	pat@cmbeb5visa.con	n
Relationship to the Regional Center Entity (Managing Member, Pro	esident, CEO, etc.)	
President/Managing Member of CMB Export, LLC		
·		

Part 5. Signature of Person Preparing This Form, If Other Than Above (Sign Below)					
		application using informatio information provided by the	n provided by someone with authority to act on behalf or Regional Center.	f the Regional	
•	or Representative ox or E-mail?	e: In the event of a Request	for Evidence (RFE), may the USCIS contact	□ No X Yes	
Signatur	e of Preparer	•	Printed Name of Preparer	Date (mm/dq/yyyy)	
			Lincoln Stone / Elsie Arias	9/24/2015	
Firm Na	ge and Address				
ı	•	Gonzalez LLP Suite 900, Los Angele	es, CA 90017		
	Phone Number	Fax Number (Area/	E-Mail Address		
(Area/Country Codes) Country Codes)		Country Codes)	Lincoln@sggimmigration.com /		
(213) 6	327-8997	(213) 627-8998	Elsie@sggimmigration.com		

Action Block	Do Not Write in This Block - for USCIS U	RCW1512452682 maginger 1924 05/04/2015
	# COUNTIAN * @ 005954 U.S. Citizenship and Immigration Services	G-28 attached Attorney's State License No. 146597/208665

	文 U.S. Citizenshi	00595 00595 and Ima	4 nieration Ser	A vices	G-28 attached Attorney's State 146597/208	License 1	No.	
Part 1.	Information Abou	t Princip	al of the Re	egional Cen	ter			
Name:	Last		I	First		N	Middle	
	Hogan		F	Patrick		F	rancis	
C/O: CN	/IB Export, LLC							
Street Ad	dress/P.O. Box: 7819 4	2nd Str	eet West					
City: Ro	ock Island	(b)(6)		State: IL			Zip Code: 61201	
Date of B (mm/dd/y		Fax Number (include area code): (309) 797-1655 Telephone Number (include area code): (309) 797-		ne Number area code): (309) 797-	1550			
Web site	address: www.cmbel	5visa.c	om					
Part 2.	Application Type (Check or	ne)					
□ b. A	egional Center's previous	d Regional approval 1	Center applic	ation. Note the uest for re ndustry sc	view of I-526 ope to real es	exemp state le	easing (NAICS 5310	
	Information About	·····		/	ional Cent	er II	D: 1031910156)	
principals center.)		ntities who	are or will be				gencies, Regional Center and administration of the re	gional
	Address/P.O. Box: 781	•			.,			
		7 4ZIIU		·			Zin Codo: 04004	
	Rock Island			State: L	inaluda anaa aa da'	Teleni	Zip Code: 61201	
	Web site address: www.cmbeb5visa.com Fax Number (include area code): (309) 797-1655 (309) 797-1550		,	oouoj.				

B. Name of Managing Company/Agen	ncy: N/A	
Street Address/P.O. Box:		
City:	State:	Zip Code:
Web site address:	Fax Number (include area code	e): Telephone Number (include area code)
C. Name of Other Agent:		
Street Address/P.O. Box:		
City:	State:	Zip Code:
Web site address:	Fax Number (include area code	P): Telephone Number (include area code):
	information for additional management companies/a Il be involved in the management, oversight, and ad	

Part 3. Information About the Regional Center (Continued)
Note: If extra space is needed to complete any item, attach a continuation sheet, indicate the item number, and provide the response.
1a. Describe the structure, ownership and control of the regional center entity.
CMB Export LLC ("CMB Export") is a limited liability company, ownership of which is held 50% by the Patrick F. Hogan Trust, and 50% by the Joan L. Hogan Trust, Patrick F. Hogan ("Mr. Hogan"), Managing Member.
b. Date the Regional Center was established(mm/dd/yyyy): 08/15/1997
c. Organization Structure for the Regional Center:
1. Agency of a U.S. State or Territory (identify)
2. Corporation
3. Partnership (including Limited Partnership)
★ 4. Limited Liability Company (LLC)
5. Other (Explain)
2. Has this regional center's designation ever been formally terminated by USCIS, or has the regional center ever filed a Form I-924 or regional center proposal or amendment that was denied?
No Yes - Attach a copy of the adverse decision, with an explanation, the date of decision, and case number, if any.
3. Describe the geographic area of the regional center. Note: This area must be contiguous. Provide a map of the geographic area.
Per USCIS letter (dated July 22, 2013), CMB Export LLC has authorization to operate within the entire State of California and Nye County, Nevada.
1. Describe the regional center's administration, oversight, and management functions that are or will be in place to monitor all EB-5 capital investment activities and the allocation of the resulting jobs created or maintained under the sponsorship of the regional center.
CMB Export LLC has been operating as a regional center for over 17 years, and throughout this period, has properly complied with all monitoring and reporting requirements. Mr. Hogan is familiar with all USCIS requirements to maintain CMB Export's regional center designation. Additionally, there are several full-time employees that assist with the monitoring and reporting requirements for USCIS.

Part 3. Information About the Regional Center	(Continued)			
5. Describe the past, current, and future promotional activities for the regional center. Include a description of the budget for this activity, along with evidence of the funds committed to the regional center for promotional activities. Submit a plan of operation for the regional center that addresses how EB-5 investors will be recruited, the method(s) by which the capital investment opportunities will be offered to the investors, and how they will subscribe or commit to the investment interest.				
Please refer to the attached statement by Mr. Hogan regarding CMB Export's promotional activities.				
6. Describe whether and how the regional center is engaged in supporting a due diligence screening of its alien investor's lawful source of capital and the alien investor's ability to fully invest the requisite amount of capital. Also, describe the regional center's prospective plans in this regard if they differ from past practice.				
CMB Export regularly conducts due diligence in evaluating prospective EB-5 investors, including lawful source of funds. Please refer to the attached statement by Mr. Hogan.				
7. Identify each industry that has or will be the focus of EB-5	capital investments sponsored through the regional center.			
Industry Category Title: Construction NAICS Code for the Industry Category: 2 3 0 0 0 0	Is the Form I-924 application supported by an economic analysis and underlying business plan for the determination of prospective EB-5 job creation through EB-5 investments in this industry category? No - Attach an explanation Yes			
Industry Category Title: Manufacturing NAICS Code for the Industry Category: 3 1 0 0 0 0	Is the Form I-924 application supported by an economic analysis and underlying business plan for the determination of prospective EB-5 job creation through EB-5 investments in this industry category? No - Attach an explanation Yes			
Industry Category Title: Accommodation NAICS Code for the Industry Category: 7 2 1 0 0 0	Is the Form I-924 application supported by an economic analysis and underlying business plan for the determination of prospective EB-5 job creation through EB-5 investments in this industry category? No - Attach an explanation Yes			
Please see attached addendum.				

Addendum

CMB Export LLC - CMB Group 48, Form I-924 (Page 4)

Part 3, Question 7. (Continued)

Industry Category Title: Real Estate Leasing

NACIS Code for the Industry Category: 531000

Is the Form I-924 application supported by an economic analysis and underlying business plan for the determination of prospective EB-5 job creation through EB-5 investments in this industry category?

Yes

Part 3. Information About the Regional Center (Continu	ed)	
8a. Describe and document the current and/or prospective structure of own EB-5 alien investors have or will make their capital investments.	nership and control of the comme	ercial entity(s) in which the
CMB Export is seeking approval of an I-526 exemplar enterprise - CMB Export Infrastructure Investment Grin the attached exemplar petition documents, the co-this enterprise. The EB-5 investors will own collective	oup 48, LP ("CMB Grou General Partner, CMB E	p 48"). As reflected export owns 20% of
b. Date commercial enterprise established, if any (mm/dd/yyyy): 11/2	5/2014	
c. Organization Structure for commercial enterprise:		
1. Corporation		
2. Partnership (including Limited Partnership)		
3. Limited Liability Company (LLC)		
4. Other (Explain)		
d. Has or will the Regional Center or any of its principals or agents have	an equity stake in the commerc	ial enterprise?
No X Yes - Attach an explanation and documentation that out will be paid.	lines when and under what circu	mstances these remittances
e. Has or will the Regional Center or any of its principals or agents recent through EB-5 capital investment activities from this commercial enter required of the EB-5 alien entrepreneurs?		
No Yes - Attach an explanation and documentation that out will be paid.	lines when and under what circu	mstances these remittances
Part 4. Applicant Signature Read the information on penaltic someone helped you prepare this petition, he or she must	-	ompleting this section. If
I certify, under penalty of perjury under the laws of the United States of A all true and correct. I authorize the release of any information from my rec to determine eligibility for the benefit being sought. I also certify that I have	ords that U.S. Citizenship and Ir	nmigration Services needs
Signature of Applicant	Daytime Phone Number	Date (mm/dd/yyyy)
and for	(Area/Country Codes) (309) 797-1550	Date (mm/dd/yyyy) 04/36/2015
Printed Name of Applicant	E-Mail Address	04/04/2013
Patrick F. Hogan	Pat@cmbeb5visa.con	n
Relationship to the Regional Center Entity (Managing Member, Pres		
Owner/President		
- Carlotti Toddorit		

I declare that I prepared this application using information provided by someone with authority to act on behalf of the Regional Center, and the answers and information provided by the Regional Center.

center, and the answers an	a information provided by	the Regional Conter.	
Attorney or Representati you by Fax or E-mail?	ve: In the event of a Reque	est for Evidence (RFE), may the USCIS contact	□ No ■ Yes
Signature of Preparer		Printed Name of Preparer Lincoln Stone / Elsie Arias	Date (mm/dd/yyyy) \$1/2015
Firm Name and Address Stone Grzegorek 8 800 Wilshire Blvd.,		eles, CA 90017	
Daytime Phone Number (Area/Country Codes)	Fax Number (Area/ Country Codes)	E-Mail Address Lincoln@sggimmigration.com / Elsie@sggimmigration.com	

Under the Immigrant Investor Pilot Program

Do Not Write in This Block - f	for USCIS Use (Only (except G-28	block below)
Action Bleek U.S. Department of Homeland Security	I	RCW'	1433552004
APPROVED & NOV 20 2015 & NOV 20 2015 & T945 U.S. Cilizenship and Immicration Services	1	egarcia2 X G-28 attached Attorney's State Licen 146597/208665	1924 12/01/2014 se No.
Part 1. Information About Principal of the I	Regional Cente	er .	
Name: Last	First		Middle
Hogan	Patrick		Francis
C/O: CMB Export LLC		anning ayan a a a dhiffe a sa ayan a a faiff a sa a sa a a a a a a a a a a a a a a	
Street Address/P.O. Box: 7819 42nd Street Wes	st		
City: Rock Island (b)(6)	State: IL		Zip Code: 61201
Date of Birth Fax Number (include are	10001	797-1655 Telep	ohone Number ude area code): (309) 797-1550
Web site address: www.cmbeb5visa.com			
Part 2. Application Type (Check one)			
a. Initial Application for Designation as a Regional	Center	W	
b. Amendment to an approved Regional Center appl Regional Center's previous approval notice): Reg	-	• •	
Part 3. Information About the Regional Cen			****
(Use a continuation sheet, if needed, to provide information principals, agents, individuals or entities who are or will be center.)			
A. Name of Regional Center: CMB Export LLC			
Street Address/P.O. Box: 7819 42nd Street W	Vest		
City: Rock Island	State: IL		Zip Code: 61201
Web site address:	Fax Number (in	clude area code): Te	lephone Number (include area code):
www.cmbeb5visa.com	(309) 797-	1655 (309) 797-1550
	1,		

	icy: N/A	
Street Address/P.O. Box:		
City:	State:	Zip Code:
Web site address:	Fax Number (include area code):	Telephone Number (include area code
C. Name of Other Agent:		
Street Address/P.O. Box:		
City:	State:	Zip Code:
Web site address:	Fax Number (include area code):	Telephone Number (include area code

	pace is needed to complete any item, attach a continuation sheet, indicate the item number, and provide the response
a. Describe the	e structure, ownership and control of the regional center entity.
-	LLC ("CMB Export") is a limited liability company, ownership of which is help Patrick F. Hogan Trust, and 50% by the Joan L. Hogan Trust, Patrick F. Hogan ember.
b. Date the Re	gional Center was established(mm/dd/yyyy): 08/15/1997
c. Organization	n Structure for the Regional Center:
1. Ager	ncy of a U.S. State or Territory (identify)
2. Corp	oration
3. Partr	nership (including Limited Partnership)
X 4. Limi	ted Liability Company (LLC)
	r (Explain)
Per USCIS	geographic area of the regional center. Note: This area must be contiguous. Provide a map of the geographic area. Letter (dated June 10, 2010), CMB Export LLC has authorization to operate entire State of California.
capital invest	regional center's administration, oversight, and management functions that are or will be in place to monitor all EB tment activities and the allocation of the resulting jobs created or maintained under the sponsorship of the regional
this period Patrick F.	LLC has been operating as a regional center for over 17 years, and throughound, has properly complied with all monitoring and reporting requirements. Hogan is familiar with all USCIS requirements to maintain CMB Export's enter designation. Additionally, there are several full-time employees that the monitoring and reporting requirements for USCIS.

Part 3. Information About the Regional Center	(Continued)
activity, along with evidence of the funds committed to the for the regional center that addresses how EB-5 investors w opportunities will be offered to the investors, and how they	
Please refer to the attached statement, si promotional activities.	igned by Patrick F. Hogan regarding CMB Export's
source of capital and the alien investor's ability to fully inve prospective plans in this regard if they differ from past prac	
	ce in evaluating prospective EB-5 investors, refer to the attached statement by Patrick F.
7. Identify each industry that has or will be the focus of EB-5	capital investments sponsored through the regional center.
Industry Category Title: Construction	Is the Form I-924 application supported by an economic analysis and underlying business plan for the determination of prospective EB-5 job creation through EB-5 investments in this industry category?
NAICS Code for the Industry Category: 2 3 0 0 0 0 — — — — — — — — — — — — — — —	☐ No - Attach an explanation X Yes
Industry Category Title: NAICS Code for the Industry Category:	Is the Form I-924 application supported by an economic analysis and underlying business plan for the determination of prospective EB-5 job creation through EB-5 investments in this industry category? No - Attach an explanation Yes
Industry Category Title:	Is the Form I-924 application supported by an economic analysis and underlying business plan for the determination of prospective EB-5 job creation through EB-5 investments in this industry category?
NAICS Code for the Industry Category:	☐ No - Attach an explanation ☐ Yes

Part 3. Information About the Regional Center (Continued)	
8a. Describe and document the current and/or prospective structu EB-5 alien investors have or will make their capital investme		mercial entity(s) in which the
CMB Export is seeking approval of an exempl commercial enterprise - CMB Export Infrastr in the attached exemplar petition documents of this enterprise. The EB-5 investors will Export Infrastructure Investment Group 31,	ar I-526 petition for an af ucture Investment Group 31, , as the General Partner, C l collectively own the rema	LP. As reflected CMB Export owns 20%
b. Date commercial enterprise established, if any (mm/dd/yyyy)): 05/01/2014	
c. Organization Structure for commercial enterprise:		
1. Corporation		
2. Partnership (including Limited Partnership)		
3. Limited Liability Company (LLC)		
4. Other (Explain)		
d. Has or will the Regional Center or any of its principals or ag	ents have an equity stake in the commer	cial enterprise?
 No	ents receive fees, profits, surcharges, or cial enterprise, beyond the minimum cap	other like remittances pital investment threshold
Part 4. Applicant Signature Read the information on someone helped you prepare this petition, he or s	he must compete Part 5.	
I certify, under penalty of perjury under the laws of the United St all true and correct. I authorize the release of any information from to determine eligibility for the benefit being sought. I also certify	m my records that U.S. Citizenship and	Immigration Services needs
Signature of Applicant	Daytime Phone Number (Area/Country Codes) (309) 797-1550	Date (mm/dd/yyyy)
Printed Name of Applicant	E-Mail Address	
Patrick F. Hogan	Pat@cmbeb5visa.com	
Relationship to the Regional Center Entity (Managing Meml Owner/President	per, President, CEO, etc.)	

I declare that I prepared this application using information provided by someone with authority to act on behalf of the Regional Center, and the answers and information provided by the Regional Center.

Attorney or Representative: In the event of a Request for Evidence (RFE), may the USCIS contact you by Fax or E-mail?

☐ No ☒ Yes

Date (mm/dd/yyyy)

Signature of Preparer

| Printed Name of Preparer |
| Lincoln Stone / Elsie Arias

11/26/2014

Firm Name and Address

Stone Grzegorek & Gonzalez LLP 800 Wilshire Blvd., Suite 900 Los Angeles, CA 90017

Daytime Phone Number (Area/Country Codes)

(213) 627-8997

(213) 627-8998

Fax Number (Area/

Country Codes)

E-Mail Address

Elsie@sggimmigration.com /

Lincoln@sggimmigration.com

Form I-924A, Supplement to Form I-924

Part 1. Information About Princi	ipal of the Regio	nal Center			
Name: Last	First			Middle	
Hogan	Patr	ick		Francis	
In Care Of: CMB Export, LLC					
Street Address/P.O. Box: 7819 42nd S	treet W.	ann an			***************************************
City: Rock Island (b)(6)		State: IL		Zip Code:	61201
Date of Birth Fax Nu	mber e area code): (855)		elephone N nclude are		99)797-1550
Web site address: www.cmbeb5visa.co	om				
USCIS-assigned number for the Designated Regional Center's most recently issued appr	-	ttach the RCW1407	851710		
Part 2. Application Type (check of	one)				
a. Supplement for the Fiscal Year End	ing September 30,	2014 (YYYY)			
b. Supplement for a Series of Fiscal Y	ears Beginning on O	october 1, (YYI	(Y) and En	ding on Septe	ember 30,(<i>YYYY</i>)
Part 3. Information About the Re	egional Center				
(Use a continuation sheet, if needed, to prov principals, agents, individuals, or entities where the center.)		-	-	-	_
A. Name of Regional Center: CMB Expo	rt, LLC	-			
Street Address/P.O. Box: 7819 42nd	d Street W.				
City: Rock Island		State: IL		Zip (Code: 61201
Web site Address: www.cmbeb5visa.com	Fax Number (include area c	ode): (855)852-51	.33 Tele	ephone lude area cod	de): (309) 797-1550
B. Name of Managing Company/Agency:	CMB Export Reg	gional Center,			
Street Address/P.O. Box: 7819 42nd	d Street W.				
City: Rock Island		State: IL	y <u>o</u> ,	Zip C	Code: 61201
Web site Address: www.cmbeb5visa.com	Fax Number (include area co	(855) 852-51 ode):	~ I	phone lude area coa	(309) 797-1550 <i>le)</i> :
C. Name of Other Agent: N/A					
Street Address/P.O. Box:	i de transcension en	1			
City:	A I	State:		Zip (Code:
Web site Address:	Fax Number			phone lude area coa	le):
		00252341)18 Al	Form	I-924A 01/03/13 Y Page l

12/29/2014

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Part 3	Information	About the R	Regional Cent	ter (Continued)
I al U.J.	IIIIVI IIIAUVII	ADDUL INC P	KCZIOHAI V.CIII	ici (Comuniuea)

Answer the following questions for the time period identified in **Part 2** of this form. **Note:** If extra space is needed to complete any item, attach a continuation sheet, indicate the item number, and provide the response.

1. Identify the aggregate EB-5 capital investment and job creation has been the focus of EB-5 capital investments sponsored through the regional center. (Note: Separately identify jobs maintained through investments in "troubled businesses.")

(b	X	(4	14)
١	~	JJ'	W	٠,

Aggregate EB-5 Capital Investment	Aggregate Direct and Indirect Job Creation	Aggregate Jobs Maintained

2. Identify each industry that has been the focus of EB-5 capital investments sponsored through the Regional Center, and the resulting aggregate EB-5 capital investment and job creation. (Note: Separately identify jobs maintained through investments in "troubled businesses".)

(b))((4	4 1)

a. Industry Category Title:		NAICS Code for the Industry Category
Construction		2 3
Aggregate EB-5 Capital Investment:	Aggregate Direct and Indirect Job Creation:	Aggregate Jobs Maintained:
b. Industry Category Title:		NAICS Code for the Industry Category
Aggregate EB-5 Capital Investment:	Aggregate Direct and Indirect Job Creation:	Aggregate Jobs Maintained:
c. Industry Category Title:		NAICS Code for the Industry Category
Aggregate EB-5 Capital Investment:	Aggregate Direct and Indirect Job Creation:	Aggregate Jobs Maintained:

3. Provide the following information for each job creating commercial enterprise located within the geographic scope of your regional center that has received EB-5 investor capital:

a. Name of Commercial Enterprise:		Industry Category Titl	le:	
CMB Infrastructure Investme	nt Group XI, LP	23		
Address (Street Number and Name):	City:		State:	Zip Code:
7819 42nd Street W.	Rock Island		IL	61201
Aggregate EB-5 Capital Investment:	Aggregate Direct and	Indirect Job Creation:	Aggregate Jobs	s Maintained:
Does this EB-5 commercial enterprise serve have or will create or maintain jobs for EB-		ent into other business	entities that	□ No ⊠ Yes

(b))(4)

Part 3.	Information	About the	Regional (Center	(Continued))
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If yes, then identify the name and address of ea creation/maintenance associated with each job		s, as well as the amoun	at of EB-5 capit	al investment and job
(1) Business Name:	***************************************	Industry Category Tit	le:	
Cobra Energy Investments Finar	nce, LLC	23		
Address (Street Number and Name):	City:		State:	Zip Code:
Cardenal Marcelo Spinolla, 10	28016 Madrid,	Spain		
EB-5 Capital Investment:	Direct and Indirect Jo	b Creation:	Jobs Maintain	ied:
(2) Business Name		Industry Category Tit	le:	
Cobra Energy Investments Finar	nce, LLC	23		
Address (Street Number and Name):	City:		State:	Zip Code:
425 Olympic Blvd, Suite 500E	Santa Monica		CA	90404
EB-5 Capital Investment:	Direct and Indirect Jo	b Creation:	Jobs Maintain	ed:
See above	See above		See above	
			<u> </u>	
b. Name of Commercial Enterprise:		Industry Category Tit	ile:	
CMB Infrastructure Investment	Group XII, LP	23		
Address (Street Number and Name):	City:		State:	Zip Code:
7819 42nd Street W.	Rock Island		IL	61201
Aggregate EB-5 Capital Investment:	Aggregate Direct and	Indirect Job Creation:	Aggregate Jo	bs Maintained:
Does this EB-5 commercial enterprise serve as have or will create or maintain jobs for EB-5 p		nt into other business e	ntities that	☐ No 🗷 Yes
If yes, then identify the name and address of ea creation/maintenance associated with each job		ss, as well as the amour	nt of EB-5 capit	tal investment and job
(1) Business Name:		Industry Category Tit	le:	
Real Estate Projects - Residen	tial II, LLC	23		
Address (Street Number and Name):	City:	-au-	State:	Zip Code
3090 Olive Street, Suite 300	Dallas		TX	75219
EB-5 Capital Investment	Direct and Indirect Job	Creation	Jobs Maintain	ned

(b))(4)

(2) Business Name:		Industry Categor	ry Title:	
Address (Street Number and Name):	City:		State:	Zip Code:
EB-5 Capital Investment:	Direct and Indirect Jo	b Creation:	Jobs Mai	ntained:
c. Name of Commercial Enterprise:		Industry Categor	ry Title:	
CMB Infrastructure Investmer	nt Group XVIII LP	23		
Address (Street Number and Name):	City:		State:	Zip Code:
7819 42nd Street W.	Rock Island		IL	61201
Aggregate EB-5 Capital Investment:	Aggregate Direct and	Indirect Job Creat	ion: Aggregat	e Jobs Maintaine
Does this EB-5 commercial enterprise serve that have or will create or maintain jobs for	EB-5 purposes?			
1	EB-5 purposes? feach job creating busine			
that have or will create or maintain jobs for If yes, then identify the name and address of	EB-5 purposes? feach job creating busine		mount of EB-5 c	
that have or will create or maintain jobs for If yes, then identify the name and address o creation/maintenance associated with each j	EB-5 purposes? f each job creating busine ob creating business.	ss, as well as the a	mount of EB-5 c	
that have or will create or maintain jobs for If yes, then identify the name and address or creation/maintenance associated with each j (1) Business Name:	EB-5 purposes? f each job creating busine ob creating business.	ss, as well as the a	mount of EB-5 c	
that have or will create or maintain jobs for If yes, then identify the name and address or creation/maintenance associated with each j (1) Business Name: Real Estate Projects - SF II	EB-5 purposes? f each job creating busine ob creating business. LLC City:	ss, as well as the a	mount of EB-5 c	apital investmen
that have or will create or maintain jobs for If yes, then identify the name and address o creation/maintenance associated with each j (1) Business Name: Real Estate Projects - SF II Address (Street Number and Name):	EB-5 purposes? f each job creating busine ob creating business. LLC City:	Industry Categor	ry Title: State:	Zip Code:
that have or will create or maintain jobs for If yes, then identify the name and address or creation/maintenance associated with each j (1) Business Name: Real Estate Projects - SF II Address (Street Number and Name): 3090 Olive Street, Suite 300	EB-5 purposes? f each job creating busine ob creating business. ., LLC City: Dallas	Industry Categor	ry Title: State:	Zip Code:
that have or will create or maintain jobs for If yes, then identify the name and address or creation/maintenance associated with each j (1) Business Name: Real Estate Projects - SF II Address (Street Number and Name): 3090 Olive Street, Suite 300	EB-5 purposes? f each job creating busine ob creating business. ., LLC City: Dallas	Industry Categor	ry Title: State: TX Jobs Main	Zip Code:
that have or will create or maintain jobs for If yes, then identify the name and address or creation/maintenance associated with each j (1) Business Name: Real Estate Projects - SF II Address (Street Number and Name): 3090 Olive Street, Suite 300 EB-5 Capital Investment:	EB-5 purposes? f each job creating busine ob creating business. ., LLC City: Dallas	Industry Categor 23 b Creation:	ry Title: State: TX Jobs Main	Zip Code:

Form I-924A 01/03/13 Y Page 4

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of e creation/maintenance associated with each job		es, as well as the amou	nt of EB-5 ca	pital investment and job
(1) Business Name:		Industry Category T	itle:	
Address (Street Number and Name):	City:		State:	Zip Code:
EB-5 Capital Investment:	Direct and Indirect Jo	b Creation:	Jobs Maint	ained:
(2) Business Name		Industry Category T	itle:	
Address (Street Number and Name):	City:		State:	Zip Code:
EB-5 Capital Investment:	Direct and Indirect Jo	b Creation:	Jobs Mainta	ained:
b. Name of Commercial Enterprise:		Industry Category T	itle:	
CMB Export Infrast. Invest. G	Froup 31, LP	23		
Address (Street Number and Name):	City:		State:	Zip Code:
7819 42nd Street W.	Rock Island		IL	61201
Aggregate EB-5 Capital Investment:	Aggregate Direct and	Indirect Job Creation:	Aggregate	Jobs Maintained:
Does this EB-5 commercial enterprise serve a have or will create or maintain jobs for EB-5		nt into other business	entities that	☐ No ☒ Yes
If yes, then identify the name and address of creation/maintenance associated with each job		ss, as well as the amou	int of EB-5 ca	apital investment and job
(1) Business Name:		Industry Category T	itle:	
The Warren LLC		23		
Address (Street Number and Name):	City:		State:	Zip Code
191 Peachtree Street N.E.	Atlanta		GA	30303
EB-5 Capital Investment	Direct and Indirect Jo	o Creation	Jobs Main	tained

(b)(4)

(2) Business Name:		Industry Catego	ry Title:	
Address (Street Number and Name):	City:		State:	Zip Code
EB-5 Capital Investment:	Direct and Indirect J	ob Creation:	Jobs Mai	ntained:
c. Name of Commercial Enterprise:		Industry Catego	ry Title:	
CMB Export Infrast. Invest. G	Froup 23, LP	23		
Address (Street Number and Name):	City:		State:	Zip Cod
7819 42nd Street W.	Rock Island		IL	61201
Aggregate EB-5 Capital Investment:	Aggregate Direct and	d Indirect Job Creat	tion: Aggregate	 e Jobs Mainta
Does this EB-5 commercial enterprise serve a that have or will create or maintain jobs for E If yes, then identify the name and address of e creation/maintenance associated with each identify	B-5 purposes? each job creating busin			☐ No
that have or will create or maintain jobs for E If yes, then identify the name and address of creation/maintenance associated with each job	B-5 purposes? each job creating busin	ess, as well as the a	imount of EB-5 c	h
that have or will create or maintain jobs for E If yes, then identify the name and address of e	B-5 purposes? each job creating busin		imount of EB-5 c	hd
that have or will create or maintain jobs for E If yes, then identify the name and address of e creation/maintenance associated with each job (1) Business Name:	B-5 purposes? each job creating busin	Industry Catego	imount of EB-5 c	apital investn
that have or will create or maintain jobs for E If yes, then identify the name and address of e creation/maintenance associated with each job (1) Business Name: RE Projects - Davis, LLC	B-5 purposes? each job creating busin b creating business.	Industry Catego	ry Title:	apital investn
that have or will create or maintain jobs for E If yes, then identify the name and address of e creation/maintenance associated with each job (1) Business Name: RE Projects - Davis, LLC Address (Street Number and Name):	B-5 purposes? each job creating busin b creating business. City:	Industry Catego	ry Title:	Zip Code 75219
that have or will create or maintain jobs for E If yes, then identify the name and address of e creation/maintenance associated with each job (1) Business Name: RE Projects - Davis, LLC Address (Street Number and Name): 3090 Olive Street, Suite 300 EB-5 Capital Investment:	B-5 purposes? each job creating busin b creating business. City: Dallas	Industry Catego 23 ob Creation:	ry Title: State: TX Jobs Main	Zip Cod
that have or will create or maintain jobs for E If yes, then identify the name and address of e creation/maintenance associated with each job (1) Business Name: RE Projects - Davis, LLC Address (Street Number and Name): 3090 Olive Street, Suite 300 EB-5 Capital Investment:	B-5 purposes? each job creating busin b creating business. City: Dallas	Industry Catego	ry Title: State: TX Jobs Main	Zip Cod
that have or will create or maintain jobs for E If yes, then identify the name and address of e creation/maintenance associated with each job (1) Business Name: RE Projects - Davis, LLC Address (Street Number and Name): 3090 Olive Street, Suite 300 EB-5 Capital Investment:	B-5 purposes? each job creating busin b creating business. City: Dallas	Industry Catego 23 Ob Creation:	ry Title: State: TX Jobs Main	Zip Cod 75219 tained:
that have or will create or maintain jobs for E If yes, then identify the name and address of e creation/maintenance associated with each job (1) Business Name: RE Projects - Davis, LLC Address (Street Number and Name): 3090 Olive Street, Suite 300 EB-5 Capital Investment: (2) Business Name: RE Projects - Redlands, LLC	B-5 purposes? each job creating busin b creating business. City: Dallas Direct and Indirect J	Industry Catego 23 Ob Creation:	ry Title: State: TX Jobs Main y Title:	Zip Code 75219

d	. Name of Commercial Enterprise:		Industry Category Ti	tle:	
	CMB Export Infrast. Invest. Gr	roup XVII, LP	23		
	Address (Street Number and Name):	City:	•	State:	Zip Code
	7819 42nd Street W.	Rock Island		IL	61201
	Aggregate EB-5 Capital Investment:	Aggregate Direct and	Indirect Job Creation:	Aggregate	Jobs Maintai
tŀ	Does this EB-5 commercial enterprise serve as nat have or will create or maintain jobs for EB	-5 purposes?			☐ No
	Fyes, then identify the name and address of ea bb creation/maintenance associated with each	_	s, as well as the amoun	it of EB-5 ca	apital investme
_	(1) Business Name:		Industry Category Tit	tle:	
	RE Projects - OSR, LLC		23		
	Address (Street Number and Name):	City:		State:	Zip Code
	radioso (Stroot ramoor and ramo).	1 *			
	3090 Olive Street, Suite 300	Dallas		TX	75219
	,	Dallas Direct and Indirect Jo	b Creation:	TX Jobs Main	
	3090 Olive Street, Suite 300		b Creation:		
	3090 Olive Street, Suite 300 EB-5 Capital Investment:			Jobs Main	
	3090 Olive Street, Suite 300		b Creation: Industry Category Tit	Jobs Main	
	3090 Olive Street, Suite 300 EB-5 Capital Investment:			Jobs Main	tained:
	3090 Olive Street, Suite 300 EB-5 Capital Investment: (2) Business Name:	Direct and Indirect Jo	Industry Category Tit	Jobs Main	zip Code
	3090 Olive Street, Suite 300 EB-5 Capital Investment: (2) Business Name: Address (Street Number and Name):	Direct and Indirect Jo	Industry Category Tit	Jobs Main	zip Code
e.	3090 Olive Street, Suite 300 EB-5 Capital Investment: (2) Business Name: Address (Street Number and Name): EB-5 Capital Investment:	Direct and Indirect Jo	Industry Category Title b Creation:	Jobs Main	zip Code

d. Name of Commercial Enterprise:		Industry Category Ti	tle:	
CMB Infrastructure Investme	ent Group XVI,LLC	23		
Address (Street Number and Name):	City:		State:	Zip Code:
7819 42nd Street W.	Rock Island		IL	612010
Aggregate EB-5 Capital Investment:	Aggregate Direct and	Indirect Job Creation:	Aggregate	Jobs Maintaine
Does this EB-5 commercial enterprise serve that have or will create or maintain jobs for If yes, then identify the name and address of	EB-5 purposes? of each job creating busine			No [
ob creation/maintenance associated with ea (1) Business Name:	ach job creating business.	Industry Category Ti		
GWGG, LLC		23		
Address (Street Number and Name):	City:		State:	Zip Code:
2725 Rocky Mountain Avenue	Loveland		co	80538
EB-5 Capital Investment:	Direct and Indirect Jo	oh Creation:	Jobs Main	tained:
(2) Business Name:		Industry Category Tit	e:	
		industry Category Tit.		
Address (Street Number and Name):	City:	industry Category 11t.	State:	Zip Code:
Address (Street Number and Name): EB-5 Capital Investment:	City: Direct and Indirect Jo		Г	
EB-5 Capital Investment: e. Name of Commercial Enterprise:	Direct and Indirect Jo	b Creation: Industry Category Tit	State: Jobs Main	
EB-5 Capital Investment: e. Name of Commercial Enterprise: CMB Export Infras. Invest.	Direct and Indirect Jo	b Creation:	State: Jobs Main	tained:
EB-5 Capital Investment: e. Name of Commercial Enterprise:	Direct and Indirect Jo	b Creation: Industry Category Tit	State: Jobs Main	
EB-5 Capital Investment: e. Name of Commercial Enterprise: CMB Export Infras. Invest. Address Street Number and Name:	Direct and Indirect Jo Group 28, LP City: Rock Island	b Creation: Industry Category Tit	State: Jobs Main le: State:	zip Code:

Part 3.	Information	About 1	the Regional	Center	(Continued)
A 44 A 40 F	TITTOT III W CLOID	TEDUCE	THE TACK TORINA	Contor	Communica

1) Business Name:		Industry Catego	ory Title:	
Marina Village Associates,	LLC	23		
Address (Street Number and Name):	City:		State:	Zip Code:
1999 Avenue of the Stars	Los Angeles		CA	90067
				L
EB-5 Capital Investment:	Direct and Indirec	t Job Creation:	Jobs Mai	ntained:
EB-5 Capital Investment: (2) Business Name:	Direct and Indirec	Industry Catego		ntained:
(2) Business Name:				ntained:
·	Direct and Indirect			Zip Code:

4. Provide the total number of approved, denied and revoked Form I-526 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (**Note:** If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

	Form I-	526 Petition Final Ca	se Actions
	Approved	Denied	Revoked
(b))(41)			
` [

5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

	Form I-	829 Petition Final Ca	se Actions
	Approved	Denied	Revoked
(b))(4)			

NOTE: USCIS may require case-specific data relating to individual EB-5 petitions and the job creation determination and further information regarding the allocation methodologies utilized by a regional center in certain instances in order to verify the aggregate data provided above.

• • • • •	,	mation on penalties in the instructions before on, he or she must compete Part 5 .	completing this section. If
submitted with it are all true	and correct. I authorize th	e United States of America, that this supplemental to release of any information from my records that it the benefit being sought. I also certify that I have	U.S. Citizenship and
Signature of Applicant	/	Printed Name of Applicant	Date (mm/dd/yyyy)
Stat & K	^	Patrick F. Hogan	12/15/2014
Daytime Phone Number (Area/Country Codes)		E-Mail Address	
(309)797-1550		pat@cmbeb5visa.com	
Managing Member		ging Member, President, CEO, etc.)	
Part 5. Signature of 1	Person Preparing Th	is Form, If Other Than Above <i>(Sign Bel</i>	ow)
I declare that I prepared this the answers and information		rovided by someone with authority to act on behalf Regional Center.	of the Regional Center, and
Attorney or Representative you by Fax or E-mail?	e: In the event of a Reque	st for Evidence (RFE), may the USCIS contact	□ No □ Yes
Signature of Preparer		Printed Name of Preparer	Date (mm/dd/yyyy)
Firm Name and Address			
Daytime Phone Number (Area/Country Codes)	Fax Number (Area/ Country Codes)	E-Mail Address	

Form I-924, Application for Regional Center **Under the Immigrant Investor Pilot Program**

Do Not Write in This Block -	for USCIS Use	e Only (except (G-28 bl	lock belov	w)
Action Block		F RCV	V15	2045 1924	2805 07/23/2015
		G-28 attache	d		
		Attorney's State]	License	No.	
		146597/208	665		
Part 1. Information About Principal of the	T	iter		***************************************	4
Name: Last	First			Middle -	
Hogan	Patrick		F	rancis	
C/O: CMB Export, LLC					
Street Address/P.O. Box: 7819 42nd Street Wes	t				
City: Rock Island (b)(6)	State: L			Zip Code:	[:] 61201
Date of Birth Fax Numb	per rea code): (309	797-1655	Telepho (include	one Numbe area code	er): (309) 797-1550
Web site address: www.cmbeb5visa.com					
Part 2. Application Type (Check one)					,,,,,,,,
a. Initial Application for Designation as a Regional	l Center				
b. Amendment to an approved Regional Center app Regional Center's previous approval notice): Recommercial enterprise. (ID: 1031910156)	equest for ap				
Part 3. Information About the Regional Ce					
(Use a continuation sheet, if needed, to provide informati principals, agents, individuals or entities who are or will center.)		-	-	-	
A. Name of Regional Center: CMB Export, LLC					
Street Address/P.O. Box: 7819 42nd Street W	/est			· · · · · · · · · · · · · · · · · · ·	
City: Rock Island	State: L	······································		Zi	ip Code: 61201
Web site address:	Fax Number (include area code)	: Telep	hone Num	ber (include area code):
www.cmbeb5visa.com	(309) 797	-1655	(30	9) 797-1	1550

Street Address/P.O. Box: 7819 42nd S	Street West		
City Pock Island			
City: NOCK Island	State: L	•	Zip Code: 61201
Web site address:	Fax Number (include area co	de): Telephone	Number (include area code):
www.cmbeb5visa.com	(309) 797-1655	(309) 7	97-1550
C. Name of Other Agent:			
Street Address/P.O. Box:			
City:	State:		Zip Code:
Web site address:	Fax Number (include area co	de): Telephone	Number (include area code):

Part 3. Information About the Regional Center (Continued)
Note: If extra space is needed to complete any item, attach a continuation sheet, indicate the item number, and provide the response.
la. Describe the structure, ownership and control of the regional center entity.
CMB Export, LLC ("CMB Export") is a limited liability company. Ownership of the Regional Center is held 50% by the Patrick F. Hogan Trust and 50% by the Joan L. Hogan Trust. Patrick F. Hogan ("Mr. Hogan") is the Managing Member of CMB Export.
b. Date the Regional Center was established(mm/dd/yyyy): 01/13/1997
c. Organization Structure for the Regional Center:
1. Agency of a U.S. State or Territory (identify)
2. Corporation
3. Partnership (including Limited Partnership)
4. Limited Liability Company (LLC)
5. Other (Explain)
2. Has this regional center's designation ever been formally terminated by USCIS, or has the regional center ever filed a Form I-924 or regional center proposal or amendment that was denied?
No Yes - Attach a copy of the adverse decision, with an explanation, the date of decision, and case number, if any.
3. Describe the geographic area of the regional center. Note: This area must be contiguous. Provide a map of the geographic area.
Per USCIS letters (dated April 22, 2010 and July 22, 2013), CMB Export LLC has authorization to operate within the entire State of California and Nye County, Nevada.
I. Describe the regional center's administration, oversight, and management functions that are or will be in place to monitor all EB-5 capital investment activities and the allocation of the resulting jobs created or maintained under the sponsorship of the regional center.
CMB Export, LLC has been operating as a regional center for over 17 years, and throughout this period, has properly complied with all monitoring and reporting requirements. Mr. Hogan is familiar with all USCIS requirements to maintain CMB Export's regional center designation. Additionally, there are several full-time employees that assist with the monitoring and reporting requirements for USCIS.

Part 3. Information About the Regional Center	(Continued)
activity, along with evidence of the funds committed to the	for the regional center. Include a description of the budget for this regional center for promotional activities. Submit a plan of operation ill be recruited, the method(s) by which the capital investment will subscribe or commit to the investment interest.
Please refer to the attached statement by Mr. activities.	. Hogan regarding CMB Export's promotional
	a supporting a due diligence screening of its alien investor's lawful est the requisite amount of capital. Also, describe the regional center's tice.
CMB Export regularly conducts due diligence lawful source of funds. Please refer to the att	e in evaluating prospective EB-5 investors, including ached statement by Patrick F. Hogan.
7. Identify each industry that has or will be the focus of EB-5	capital investments sponsored through the regional center.
Industry Category Title: Construction NAICS Code for the Industry Category: 2 3 0 0 0 0	Is the Form I-924 application supported by an economic analysis and underlying business plan for the determination of prospective EB-5 job creation through EB-5 investments in this industry category? No - Attach an explanation Yes
Industry Category Title: NAICS Code for the Industry Category:	Is the Form I-924 application supported by an economic analysis and underlying business plan for the determination of prospective EB-5 job creation through EB-5 investments in this industry category? No - Attach an explanation Yes
Industry Category Title: NAICS Code for the Industry Category:	Is the Form I-924 application supported by an economic analysis and underlying business plan for the determination of prospective EB-5 job creation through EB-5 investments in this industry category? No - Attach an explanation Yes

 8a. Describe and document the current and/or prospective structure of ownership and control of the commercial entity(s) in which the EB-5 alien investors have or will make their capital investments. CMB Export is seeking approval of an I-526 exemplar petition for an affiliated new commercial enterprise - CMB Export Infrastructure Investment Group 35, LP. ("CMB Group 35"). As reflected in the attached exemplar petition documents, the co-General Partner, CMB Export owns 20% of
enterprise - CMB Export Infrastructure Investment Group 35, LP. ("CMB Group 35"). As reflected in the attached exemplar petition documents, the co-General Partner, CMB Export owns 20% of
this enterprise. The EB-5 investors will collectively own the remaining 80% of CMB Group 35.
b. Date commercial enterprise established, if any (mm/dd/yyyy): 06/19/2014
c. Organization Structure for commercial enterprise:
1. Corporation
2. Partnership (including Limited Partnership)
3. Limited Liability Company (LLC)
4. Other (Explain)
d. Has or will the Regional Center or any of its principals or agents have an equity stake in the commercial enterprise?
No Yes - Attach an explanation and documentation that outlines when and under what circumstances these remittances will be paid.
e. Has or will the Regional Center or any of its principals or agents receive fees, profits, surcharges, or other like remittances through EB-5 capital investment activities from this commercial enterprise, beyond the minimum capital investment threshold required of the EB-5 alien entrepreneurs?
No Yes - Attach an explanation and documentation that outlines when and under what circumstances these remittances will be paid.
Part 4. Applicant Signature Read the information on penalties in the instructions before completing this section. If someone helped you prepare this petition, he or she must compete Part 5.
I certify, under penalty of perjury under the laws of the United States of America, that this form and the evidence submitted with it are all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit being sought. I also certify that I have authority to act on behalf of the Regional Center.
Signature of Applicant Daytime Phone Number (Area/Country Codes) Date (mm/dd/yyyy)
(309) 797-1550 07/14/2015
Printed Name of Applicant E-Mail Address
Patrick F. Hogan Pat@cmbeb5visa.com
Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)
Owner/President

I declare that I prepared this application using information provided by someone with authority to act on behalf of the Regional Center, and the answers and information provided by the Regional Center.

Center, and the answers and	information provided by the	he Regional Center.			
Attorney or Representative you by Fax or E-mail?	e: In the event of a Reques	st for Evidence (RFE), may the USCIS contact		No	X Yes
Signature of Preparer	<i>`</i>	Printed Name of Preparer Lincoln Stone / Elsie Arias	Da	te (mn	1/dd/yyyy)
Firm Name and Address Stone Grzegorek & 800 Wilshire Blvd.,		eles, CA 90017	'		
Daytime Phone Number (Area/Country Codes) (213) 627-8997	Fax Number (Area/ Country Codes) (213) 627-8998	E-Mail Address Lincoln@sggimmigration.com / Elsie@sggimmigration.com			

STATEMENT OF PATRICK F. HOGAN

I, Patrick F. Hogan, declare the following is based on my personal knowledge:

- 1. I am the President and Managing Member of CMB Export, LLC, which was designated by USCIS as a regional center under the Immigrant Investor Program on August 15, 1997 ("CMB Export" or "Regional Center").
- 2. CMB Export is authorized to conduct regional center activities throughout the state of California and Nye County, Nevada within the industry scope of NAICS 23 Construction, 31 Manufacturing, and 721 Accommodation. In a previous I-924 filing, CMB Export requested an expansion of its industry scope to include Real Estate Leasing (NAICS 5310).
- 3. In this I-924 filing, CMB Export is seeking approval of an exemplar I-526 petition for an affiliated new commercial enterprise, CMB Export Infrastructure Investment Group 35, LP ("CMB Group 35" or "the Partnership").
- 4. As specifically requested on Form I-924 (pages 4 5), I am also confirming the following facts:
 - CMB Export will continue to conduct promotional activities that comply with U.S. securities laws and through long-established marketing contacts.
 - CMB Export will continue to diligently vet prospective EB-5 investors for lawful source of funds and compliance with U.S. securities law.
 - CMB Export, as the co-General Partner, owns 20% of CMB Group 35. EB-5 investors who will be Limited Partners in CMB Group 35 will own collectively the remaining 80% of the new commercial enterprise.

	• To subscribe as a Limited Partner of CMB Group 35, each EB-5 investor must
(b)((4)	deposit Of the
(10 /)((· y	deposited by each EB-5 investor, s credited toward CMB Export's
	syndication fee and the balance of is the capital contribution in CMB Group
	35. Based on the investment, the EB-5 investor will own at least of the
	Partnership. As detailed in the Confidential Private Placement Memorandum, the
	syndication fee will be used by the Regional Center to pay for legal and marketing
	fees, administrative costs, etc.

- 5. The purpose of CMB Group 35 is to raise EB-5 capital to help fund the development and construction of two industrial facilities in Redlands, California ("Project"). Specifically, the Partnership is lending up to _______ to the Project owner and developer, an affiliate of Hillwood Development Company, LLC (collectively, "Hillwood" or "Developer").
- 6. In a letter entitled "Evidence of Imminent Construction" (dated April 3, 2015) which is included in the I-526 petition Hillwood confirmed that the pre-construction development activities have begun and anticipated that construction will begin in April 2015. Hillwood estimates January 2016 for the completion of construction for Project.

(**b**)((44)

7.	As additional evidence that meaningful concrete activities have been taken and business
	activities are underway as contemplated by the Comprehensive Business Plan, CMB Group
	35 has executed a Loan Agreement with a Hillwood affiliate on January 30, 2015 and
	released on April 16, 2015.
(t	D)(4)
Ιć	leclare that all of the foregoing is true and correct.
/	

Patrick F. Hogan

______ Date: July <u>14</u>, 2015

Do Not Write	in This Block - fo	or USCIS Use	Only (except	G-28 b	lock below)	
Action Block U.S. Department of Hor APPRO AUL 22 Full 10594 U.S. Citizenship and Imp	2013 ** ** **			ger ed License	234250 1924 • No.	
Part 1. Information About Pr	incipal of the R	Regional Cen	ter			
Name: Last	F	First		M	liddle	
HOGAN		Patrick		F	rancis	
C/O: CMB Export LLC			**************************************			
Street Address/P.O. Box: 7819 42	nd Street West	t				
City: Rock Island (b)	66)	State: IL			Zip Code:	61201
Date of Birth (mm/dd/yyyy):	Fax Number (include area	1055) 852-5133	Telepho (include	one Number e area code):	(309) 797-1550
Part 2. Application Type (Che	eck one)					
 a. Initial Application for Designa b. Amendment to an approved Re Regional Center's previous app 	egional Center appli proval notice): Rec	cation. Note the				
Part 3. Information About the	e Regional Cent	ter				
(Use a continuation sheet, if needed, to principals, agents, individuals or entitie center.)						
A. Name of Regional Center: CMB Ξ	xport LLC					
Street Address/P.O. Box: 7819	42nd Street We	est				

State: IL

Fax Number (include area code):

(855) 852-5133

City: Rock Island

www.cmbeb5visa.com

Web site address:

Form I-924 (11/23/10)

Zip Code: 61201

Telephone Number (include area code):

(309) 797-1550

3. Name of Managing Company/Agency: CM	B Export LLC	
Street Address/P.O. Box: 7819 42nd S	treet West	
City: Rock Island	State: IL	Zip Code: 61201
Web site address: www.cmbeb5visa.com	Fax Number (include area code): (309) 797-1655	Telephone Number (include area code) (309) 797-1550
C. Name of Other Agent: N/A		
Street Address/P.O. Box:		
City:	State:	Zip Code:
Web site address:	Fax Number (include area code):	Telephone Number (include area code):



Part 3. Information About the Regional Center (Continued) Note: If extra space is needed to complete any item, attach a continuation sheet, indicate the item number, and provide the response. 1a. Describe the structure, ownership and control of the regional center entity. CMB Export LLC is a limited liability company. Patrick Hogan is the sole owner and managing member of CMB Export LLC. b. Date the Regional Center was established(mm/dd/yyyy): 08/15/1997 c. Organization Structure for the Regional Center: 1. Agency of a U.S. State or Territory (identify) 2. Corporation 3. Partnership (including Limited Partnership) **4.** Limited Liability Company (LLC) 5. Other (Explain) 2. Has this regional center's designation ever been formally terminated by USCIS, or has the regional center ever filed a Form I-924 or regional center proposal or amendment that was denied? Yes - Attach a copy of the adverse decision, with an explanation, the date of decision, and case number, if any 3. Describe the geographic area of the regional center. Note: This area must be contiguous. Provide a map of the geographic area. Per USCIS's letter (dated June 10, 2010), CMB Export LLC has authorization to operate within the entire State of California. Pursuant to a Service Agreement, CMB Group IX is also affiliated with Geothermal Regional Center LLC, which is also a designated regional center under the Immigrant Investor Pilot Program. Geothermal Regional Center's geographic scope includes Nye County, which is the location of one of the facilities (Crescent Dunes) CMB Group IX will finance. 4. Describe the regional center's administration, oversight, and management functions that are or will be in place to monitor all EB-5 capital investment activities and the allocation of the resulting jobs created or maintained under the sponsorship of the regional center. CMB Export LLC has been operating as a regional center for nearly fifteen years, and throughout this period, has properly complied with all monitoring and reporting requirements. Patrick Hogan is familiar with all USCIS requirements to maintain CMB Export LLC's regional center designation. Additionally, CMB Export LLC has several fulltime employees to assist with the monitoring and reporting requirements.



Form I-924 (11/23/10) Page 3

Part 3. Information About the Regional Center	(Continued)
activity, along with evidence of the funds committed to the	s for the regional center. Include a description of the budget for this regional center for promotional activities. Submit a plan of operation will be recruited, the method(s) by which the capital investment will subscribe or commit to the investment interest.
Please refer to attached letter, signed by promotional activities.	y Patrick Hogan, regarding CMB Export LLC's
source of capital and the alien investor's ability to fully inverse prospective plans in this regard if they differ from past practices Export LLC regularly conducts due dilaterated to the conducts of the c	n supporting a due diligence screening of its alien investor's lawful est the requisite amount of capital. Also, describe the regional center's etice. igence in evaluating prospective EB-5 investors, refer to attached letter, signed by Patrick
7. Identify each industry that has or will be the focus of EB-5	capital investments sponsored through the regional center.
Industry Category Title: Construction	Is the Form I-924 application supported by an economic analysis and underlying business plan for the determination of prospective EB-5 job creation through EB-5 investments in this industry category?
NAICS Code for the Industry Category: 2 3 0 0 0 0 — — — — — —	No - Attach an explanationX Yes
Industry Category Title:	Is the Form I-924 application supported by an economic analysis and underlying business plan for the determination of prospective EB-5 job creation through EB-5 investments in this industry category?
NAICS Code for the Industry Category:	☐ No - Attach an explanation ☐ Yes
Industry Category Title:	Is the Form I-924 application supported by an economic analysis and underlying business plan for the determination of prospective EB-5 job creation through EB-5 investments in this industry category?
NAICS Code for the Industry Category:	☐ No - Attach an explanation ☐ Yes



Part 3. Information About the Regional Center	(Continued)			
8a. Describe and document the current and/or prospective structure of ownership and control of the commercial entity(s) in which the EB-5 alien investors have or will make their capital investments.				
CMB Export LLC is seeking approval of an excommercial enterprise - CMB Infrastructure attached exemplar petition documents, as this enterprise. The EB-5 investors will infrastructure Investment Group IX, LP.	Investment Group IX, LP. he General Partner, CMB Exp	As reflected in the ort LLC owns 20% of		
b. Date commercial enterprise established, if any (mm/dd/yyyy	y): <u>08/30/2011</u>			
c. Organization Structure for commercial enterprise:				
☐ 1. Corporation				
2. Partnership (including Limited Partnership)				
☐ 3. Limited Liability Company (LLC)				
4. Other (Explain)				
d. Has or will the Regional Center or any of its principals or a	gents have an equity stake in the comme	rcial enterprise?		
No Yes - Attach an explanation and documentation will be paid.	on that outlines when and under what cir	cumstances these remittances		
e. Has or will the Regional Center or any of its principals or as through EB-5 capital investment activities from this comme required of the EB-5 alien entrepreneurs?				
No See - Attach an explanation and documentation will be paid.	on that outlines when and under what circ	cumstances these remittances		
Part 4. Applicant Signature Read the information of someone helped you prepare this petition, he or	•	completing this section. If		
I certify, under penalty of perjury under the laws of the United S all true and correct. I authorize the release of any information from the determine eligibility for the benefit being sought. I also certify	om my records that U.S. Citizenship and	Immigration Services needs		
Signature of Applieant	Daytime Phone Number (Area/Country Codes)	Date (mm/dd/yyyy)		
/ MUT	(309) 797-1550			
Printed Name of Applicant	E-Mail Address			
Patrick F. Hogan	pat@cmbeb5visa.com			

Owner/President

Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)

Form 1-924 (11/23/10) Page 5

I declare that I prepared this application using information provided by someone with authority to act on behalf of the Regional Center, and the answers and information provided by the Regional Center.

Attorney or Representative: In the event of a Request for Evidence (RFE), may the USCIS contact you by Fax or E-mail?

☐ No

X Yes

Signature of Preparer

Printed Name of Preparer

Date (mm/dd/yyyy)

Lincoln Stone / Elsie Arias

Firm/Name and Address

Stone & Grzegorek LLP

800 Wilshire Blvd. #900, Los Angeles, California 90017

Daytime Phone Number (Area/Country Codes)

Fax Number (Area/ Country Codes) E-Mail Address

(213) 627-8997

(213) 627-8998

elsie@lskglaw.com / lincoln@lskglaw.com



OMB No. 1615-0061; Expires 01/31/2015

Form I-924, Application for Regional Center Under the Immigrant Investor Pilot Program

Department of Homeland SecurityU.S. Citizenship and Immigration Services

Do Not Write in This Block - fo	or USCIS Use Only (except	G-28 block below)
Action Block U.S. Department of homeland secur	RCW maginger	/1435352167 1924 12/19/2014
JAN 1 9 2016 Coccur Coccur U.S. Citizenship and immisration Ser	Attorney's State 146597/2086	License No.
Part 1. Information About Principal of the R	egional Center	
	First Patrick	Middle Francis
C/O: CMB Export LLC		
Street Address/P.O. Box: 7819 42nd Street Wes	t	
City: Rock Island (b)(6)	State: IL	Zip Code: 61201
Date of Birth Fax Number (include are		Telephone Number (include area code): (309) 797-1550
Web site address: www.cmbeb5visa.com		
Part 2. Application Type (Check one)		
a. Initial Application for Designation as a Regional	Center	
b. Amendment to an approved Regional Center appliance Regional Center's previous approval notice): Required Regional Center's previous approval notice):		
Part 3. Information About the Regional Cen		
(Use a continuation sheet, if needed, to provide information principals, agents, individuals or entities who are or will be center.)	on for additional management cor	
A. Name of Regional Center: CMB Export LLC		
Street Address/P.O. Box: 7819 42nd Street W	est	
City: Rock Island	State: IL	Zip Code: 61201
Web site address: www.cmbeb5visa.com	Fax Number (include area code (309) 797~1655	Telephone Number (include area code): (309) 797-1550

	y: N/A	
Street Address/P.O. Box:		
City:	State:	Zip Code:
Web site address:	Fax Number (include area code):	Telephone Number (include area code
C. Name of Other Agent:		
Street Address/P.O. Box:		
City:	State:	Zip Code:
Web site address:	Fax Number (include area code):	Telephone Number (include area code)

Part 3. Information About the Regional Center (Continued)
Note: If extra space is needed to complete any item, attach a continuation sheet, indicate the item number, and provide the response.
1a. Describe the structure, ownership and control of the regional center entity.
CMB Export LLC ("CMB Export") is a limited liability company, ownership of which is held 50% by the Patrick F. Hogan Trust, and 50% by the Joan L. Hogan Trust, Patrick F. Hogan, Managing Member.
b. Date the Regional Center was established(mm/dd/yyyy): 08/15/1997
c. Organization Structure for the Regional Center:
1. Agency of a U.S. State or Territory (identify)
2. Corporation
3. Partnership (including Limited Partnership)
★ 4. Limited Liability Company (LLC)
5. Other (Explain)
 2. Has this regional center's designation ever been formally terminated by USCIS, or has the regional center ever filed a Form I-924 or regional center proposal or amendment that was denied? No Yes - Attach a copy of the adverse decision, with an explanation, the date of decision, and case number, if any.
3. Describe the geographic area of the regional center. Note: This area must be contiguous. Provide a map of the geographic area. Per USCIS letter (dated June 10, 2010), CMB Export LLC has authorization to operate
within the entire State of California.
4. Describe the regional center's administration, oversight, and management functions that are or will be in place to monitor all EB-5 capital investment activities and the allocation of the resulting jobs created or maintained under the sponsorship of the regional center.
CMB Export LLC has been operating as a regional center for over 17 years, and throughout this period, has properly complied with all monitoring and reporting requirements. Patrick F. Hogan is familiar with all USCIS requirements to maintain CMB Export's regional center designation. Additionally, there are several full-time employees that assist with the monitoring and reporting requirements for USCIS.

activity, along with evidence of the funds committed to for the regional center that addresses how EB-5 investo opportunities will be offered to the investors, and how	rities for the regional center. Include a description of the budget for this of the regional center for promotional activities. Submit a plan of operation or swill be recruited, the method(s) by which the capital investment they will subscribe or commit to the investment interest.
Please refer to the attached statement, promotional activities.	, signed by Patrick F. Hogan regarding CMB Export's
source of capital and the alien investor's ability to fully prospective plans in this regard if they differ from past	
	gence in evaluating prospective EB-5 investors, ase refer to the attached statement by Patrick F.
7. Identify each industry that has or will be the focus of E	B-5 capital investments sponsored through the regional center.
Industry Category Title: Construction	Is the Form I-924 application supported by an economic analysis and underlying business plan for the determination of prospective EB-5 job creation through EB-5 investments in this industry category?
NAICS Code for the Industry Category: 2 3 0 0 0 0 — — — — — — —	☐ No - Attach an explanation ☐ Yes
Industry Category Title:	Is the Form I-924 application supported by an economic analysis and underlying business plan for the determination of prospective EB-5 job creation through EB-5 investments in this industry category?
NAICS Code for the Industry Category:	☐ No - Attach an explanation ☐ Yes
Industry Category Title:	Is the Form I-924 application supported by an economic analysis and underlying business plan for the determination of prospective EB-5 job creation through EB-5 investments in this industry category?
NAICS Code for the Industry Category:	☐ No - Attach an explanation ☐ Yes
	1

Part 3. Information About the Regional Center (Continu	ed)	
8a. Describe and document the current and/or prospective structure of own EB-5 alien investors have or will make their capital investments.	nership and control of the comme	ercial entity(s) in which the
CMB Export is seeking approval of an exemplar I-5 commercial enterprise - CMB Export Infrastructure in the attached exemplar petition documents, as t of this enterprise. The EB-5 investors will coll Export Infrastructure Investment Group 34, LP.	Investment Group 34, he General Partner, CM	LP. As reflected B Export owns 20%
b. Date commercial enterprise established, if any (mm/dd/yyyy): 08/2	0/2014	
c. Organization Structure for commercial enterprise:		
☐ 1. Corporation		
2. Partnership (including Limited Partnership)		
3. Limited Liability Company (LLC)		
4. Other (Explain)		A second
d. Has or will the Regional Center or any of its principals or agents have	e an equity stake in the commerci	ial enterprise?
No Yes - Attach an explanation and documentation that ou will be paid.	tlines when and under what circu	mstances these remittances
e. Has or will the Regional Center or any of its principals or agents rece through EB-5 capital investment activities from this commercial ente required of the EB-5 alien entrepreneurs?	ive fees, profits, surcharges, or of rprise, beyond the minimum capi	ther like remittances tal investment threshold
No Yes - Attach an explanation and documentation that ou will be paid.	tlines when and under what circu	mstances these remittances
Part 4. Applicant Signature Read the information on penalti someone helped you prepare this petition, he or she must		ompleting this section. If
I certify, under penalty of perjury under the laws of the United States of A all true and correct. I authorize the release of any information from my re to determine eligibility for the benefit being sought. I also certify that I have	cords that U.S. Citizenship and In	nmigration Services needs
Signature of Applicant	Daytime Phone Number	Date (mm/dd/yyyy)
Jan D	(Area/Country Codes) (309) 797-1550	
Printed Name of Applicant	E-Mail Address	
Patrick F. Hogan	Pat@cmbeb5visa.com	
Relationship to the Regional Center Entity (Managing Member, Pre	sident, CEO, etc.)	
Owner/President		
·		

Part 5. Signature of Person Preparing This Form, If Other Than Above (Sign Below)

I declare that I prepared this application using information provided by someone with authority to act on behalf of the Regional Center, and the answers and information provided by the Regional Center.

Attorney or Representative: In the event of a Request for Evidence (RFE), may the USCIS contact you by Fax or E-mail?

☐ No ☒ Yes

Signature of Preparer

Printed Name of Preparer

Lincoln Stone / Elsie Arias

Date (mm/dd/yyyy)

Firm Name and Address

Stone Grzegorek & Gonzalez LLP 800 Wilshire Blvd., Suite 900 Los Angeles, CA 90017

Daytime Phone Number (Area/Country Codes)

(213) 627-8997

Fax Number (Area/ Country Codes)

| E1

E-Mail Address
Elsie@sggimmigration.com /

(213) 627-8998

Lincoln@sggimmigration.com

Action Block

Action Block

RCW1433652009

egarcia2 1924 12/02/2014

IX G-28 attached

Attorney's State License No.

146597/208665

U.S. Cilizonable	7527 and Immiercija	nn Services	Attorney's State I 146597/2086		
Part 1. Information A	bout Princip	al of the R	Regional Center		
Name: Last			First	Middle	
Hogan			Patrick	Franc	is
C/O: CMB Export Li	rc				
Street Address/P.O. Box: 7	819 4 2nd St	reet Wes	t		
City: Rock Island	(b)(6)		State: IL	Zip Co	ode: 61201
Date of Birth (mm/dd/yyyy):		Fax Numbe (include are	r a code): (309) 797-1655	Telephone Nun (include area co	nber ode): (309) 797-1550
	or Designation as	Center applinatice): Req	ication. Note the previous applicat	-	* ·
Part 3. Information A	hout the De-		ID 1031910156		
(Use a continuation sheet, if a	needed, to provides or entities who	le information are or will b	on for additional management come involved in the management, ov		
City: Rock Island			State: IL		Zip Code: 61201
Web site address: www.cmbeb5visa.co	m		Fax Number (include area code) (309) 797~1655	; Telephone N	umber (include area code)
		<u></u>			

Street Address/P.O. Box:		
City:	State:	Zip Code:
Web site address:	Fax Number (include area code):	Telephone Number (include area code)
C. Name of Other Agent:		
Street Address/P.O. Box:		
City:	State:	Zip Code:
Web site address:	Fax Number (include area code):	Telephone Number (include area code).

Part 3. Information About the Regional Center (Continued)
Note: If extra space is needed to complete any item, attach a continuation sheet, indicate the item number, and provide the response.
1a. Describe the structure, ownership and control of the regional center entity.
CMB Export LLC ("CMB Export") is a limited liability company, ownership of which is held 50% by the Patrick F. Hogan Trust, and 50% by the Joan L. Hogan Trust, Patrick F. Hogan, Managing Member.
b. Date the Regional Center was established(mm/dd/yyyy): 08/15/1997
c. Organization Structure for the Regional Center:
1. Agency of a U.S. State or Territory (identify)
2. Corporation
3. Partnership (including Limited Partnership)
4. Limited Liability Company (LLC)
5. Other (Explain)
 2. Has this regional center's designation ever been formally terminated by USCIS, or has the regional center ever filed a Form I-924 or regional center proposal or amendment that was denied? No Yes - Attach a copy of the adverse decision, with an explanation, the date of decision, and case number, if any.
3. Describe the geographic area of the regional center. Note: This area must be contiguous. Provide a map of the geographic area.
Per USCIS letter (dated June 10, 2010), CMB Export LLC has authorization to operate within the entire State of California.
4. Describe the regional center's administration, oversight, and management functions that are or will be in place to monitor all EB-5 capital investment activities and the allocation of the resulting jobs created or maintained under the sponsorship of the regional center.
CMB Export LLC has been operating as a regional center for over 17 years, and throughout this period, has properly complied with all monitoring and reporting requirements. Patrick F. Hogan is familiar with all USCIS requirements to maintain CMB Export's regional center designation. Additionally, there are several full-time employees that assist with the monitoring and reporting requirements for USCIS.

Part 3. Information About the Regional Center (Continued)			
5. Describe the past, current, and future promotional activities for the regional center. Include a description of the budget for this activity, along with evidence of the funds committed to the regional center for promotional activities. Submit a plan of operation for the regional center that addresses how EB-5 investors will be recruited, the method(s) by which the capital investment opportunities will be offered to the investors, and how they will subscribe or commit to the investment interest.			
Please refer to the attached statement, spromotional activities.	igned by Patrick F. Hogan regarding CMB Export's		
	n supporting a due diligence screening of its alien investor's lawful est the requisite amount of capital. Also, describe the regional center's ctice.		
	ce in evaluating prospective EB-5 investors, refer to the attached statement by Patrick F.		
7. Identify each industry that has or will be the focus of EB-5	capital investments sponsored through the regional center.		
Industry Category Title: Construction	Is the Form I-924 application supported by an economic analysis and underlying business plan for the determination of prospective EB-5 job creation through EB-5 investments in this industry category?		
NAICS Code for the Industry Category: 2 3 0 0 0 0	No - Attach an explanation		
Industry Category Title:	Is the Form I-924 application supported by an economic analysis and underlying business plan for the determination of prospective EB-5 job creation through EB-5 investments in this industry category?		
NAICS Code for the Industry Category:	☐ No - Attach an explanation ☐ Yes		
Industry Category Title:	Is the Form I-924 application supported by an economic analysis and underlying business plan for the determination of prospective EB-5 job creation through EB-5 investments in this industry category?		
NAICS Code for the Industry Category:	☐ No - Attach an explanation ☐ Yes		

Part 3. Information About the Regional Center (Continue	red)	
8a. Describe and document the current and/or prospective structure of own EB-5 alien investors have or will make their capital investments.	nership and control of the comm	nercial entity(s) in which the
CMB Export is seeking approval of an exemplar I-5 commercial enterprise - CMB Export Infrastructure in the attached exemplar petition documents, as tof this enterprise. The EB-5 investors will coll Export Infrastructure Investment Group 28, LP.	e Investment Group 28, the General Partner, C	LP. As reflected CMB Export owns 20%
b. Date commercial enterprise established, if any (mm/dd/yyyy): 02/03	5/2014	
c. Organization Structure for commercial enterprise:		
1. Corporation		
2. Partnership (including Limited Partnership)		
3. Limited Liability Company (LLC)		
4. Other (Explain)		
d. Has or will the Regional Center or any of its principals or agents have	e an equity stake in the commer	cial enterprise?
No Yes - Attach an explanation and documentation that out will be paid.	lines when and under what circ	umstances these remittances
e. Has or will the Regional Center or any of its principals or agents receithrough EB-5 capital investment activities from this commercial enter required of the EB-5 alien entrepreneurs?		
No Yes - Attach an explanation and documentation that out will be paid.	lines when and under what circu	umstances these remittances
Part 4. Applicant Signature Read the information on penaltie someone helped you prepare this petition, he or she must		completing this section. If
I certify, under penalty of perjury under the laws of the United States of An all true and correct. I authorize the release of any information from my rect to determine eligibility for the benefit being sought. I also certify that I have	cords that U.S. Citizenship and I	Immigration Services needs
Signature of Applicant	Daytime Phone Number	Date (mm/dd/yyyy)
That be	(Area/Country Codes) (309) 797-1550	
Printed Name of Applicant	E-Mail Address	
Patrick F. Hogan	Pat@cmbeb5visa.com	
Relationship to the Regional Center Entity (Managing Member, Presi	ident, CEO, etc.)	
Owner/President		

Part 5. Signature of Person Preparing This Form, If Other Than Above (Sign Below) I declare that I prepared this application using information provided by someone with authority to act on behalf of the Regional Center, and the answers and information provided by the Regional Center. Attorney or Representative: In the event of a Request for Evidence (RFE), may the USCIS contact No X Yes you by Fax or E-mail? **Printed Name of Preparer** Date (mm/dd/yyyy) Signature of Preparer Lincoln Stone / Elsie Arias Firm Name and Address Stone Grzegorek & Gonzalez LLP 800 Wilshire Blvd., Suite 900 Los Angeles, CA 90017 Daytime Phone Number Fax Number (Area/ E-Mail Address (Area/Country Codes) Country Codes) Elsie@sggimmigration.com / (213) 627-8997 (213) 627-8998 Lincoln@sggimmigration.com

Action Block U.S. Deportment of Hornele 1924 RCW1200350479 egarcia2 1924 12/22/2011 G-28 attached Attorney's State License No. 146597 / 208665

Information About Principal of the Regional Center Part 1. Name: Last First Middle HOGAN Patrick Francis C/O: CMB Export LLC Street Address/P.O. Box: 7819 42nd Street West State: IL Zip Code: City: Rock Island 61201 (b)(65) Fax Number Telephone Number Date of Birth (include area code): (309) 797-1550 (855) 852-5133 (include area code): (mm/dd/yyyy): Web site address: www.cmbeb5visa.com Part 2. Application Type (Check one) a. Initial Application for Designation as a Regional Center **b.** Amendment to an approved Regional Center application. Note the previous application receipt number, if any (also attach the Regional Center's previous approval notice): Request for review of exemplar I-526 petition only Part 3. Information About the Regional Center (Use a continuation sheet, if needed, to provide information for additional management companies/agencies, Regional Center principals, agents, individuals or entities who are or will be involved in the management, oversight, and administration of the regional center.) A. Name of Regional Center: CMB Export LLC Street Address/P.O. Box: 7819 42nd Street West City: Rock Island State: IL Zip Code: 61201 Telephone Number (include area code): Web site address: Fax Number (include area code): www.cmbeb5visa.com (309) 797-1550 (855) 852-5133

Form I-924 (11/23/10)

3. Name of Managing Company/Agency: CM	MB Export LLC	
Street Address/P.O. Box: 7819 42nd S	Street West	
City: Rock Island	State: IL	Zip Code: 61201
Web site address: www.cmbeb5visa.com	Fax Number (include area code): (309) 797-1655	Telephone Number (include area code)
C. Name of Other Agent: N/A	<u> </u>	
Street Address/P.O. Box:		
City:	State:	Zip Code:
Web site address:	Fax Number (include area code):	Telephone Number (include area code)



Part 3. Information About the Regional Center (Continued)
Note: If extra space is needed to complete any item, attach a continuation sheet, indicate the item number, and provide the response.
1a. Describe the structure, ownership and control of the regional center entity.
CMB Export LLC is a limited liability company. Patrick Hogan is the sole owner and managing member of CMB Export LLC.
b. Date the Regional Center was established(mm/dd/yyyy): 01/13/1997
c. Organization Structure for the Regional Center:
1. Agency of a U.S. State or Territory (identify)
2. Corporation
3. Partnership (including Limited Partnership)
4. Limited Liability Company (LLC)
5. Other (Explain)
2. Has this regional center's designation ever been formally terminated by USCIS, or has the regional center ever filed a Form I-924 or regional center proposal or amendment that was denied?
No Yes - Attach a copy of the adverse decision, with an explanation, the date of decision, and case number, if any.
3. Describe the geographic area of the regional center. Note: This area must be contiguous. Provide a map of the geographic area.
Per USCIS's letter (dated June 10, 2010), CMB Export LLC has authorization to operate within the entire State of California.
4. Describe the regional center's administration, oversight, and management functions that are or will be in place to monitor all EB-5 capital investment activities and the allocation of the resulting jobs created or maintained under the sponsorship of the regional center.
CMB Export LLC has been operating as a regional center for over ten years, and throughout this period, has properly complied with all monitoring and reporting requirements. Patrick Hogan is familiar with all USCIS requirements to maintain CMB Export LLC's regional center designation. Moreover, CMB Export LLC has several full-time employees to assist with the monitoring and reporting requirements.



Part 3. Information About the Regional Center	(Continued)	
activity, along with evidence of the funds committed to the	for the regional center. Include a description of the budget for this regional center for promotional activities. Submit a plan of operation ill be recruited, the method(s) by which the capital investment will subscribe or commit to the investment interest.	
Please refer to attached letter, signed by Patrick Hogan, regarding CMB Export LLC's		
promotional activities.		
	supporting a due diligence screening of its alien investor's lawful est the requisite amount of capital. Also, describe the regional center's tice.	
	Igence in evaluating prospective EB-5 investors, refer to attached letter, signed by Patrick	
7. Identify each industry that has or will be the focus of EB-5	capital investments sponsored through the regional center.	
Industry Category Title: Construction	Is the Form I-924 application supported by an economic analysis and underlying business plan for the determination of prospective EB-5 job creation through EB-5 investments in this industry category?	
	No - Attach an explanation	
NAICS Code for the Industry Category:		
2 3 6	▼ Yes	
Industry Category Title:	Is the Form I-924 application supported by an economic analysis and underlying business plan for the determination of prospective EB-5 job creation through EB-5 investments in this industry category?	
NAICS Code for the Industry Category:	No - Attach an explanation	
WAICS Code for the industry Category.	□ Voc	
	Yes	
L. Justini Catagoria Titler	Is the Form I-924 application supported by an economic analysis and	
Industry Category Title:	underlying business plan for the determination of prospective EB-5 job creation through EB-5 investments in this industry category?	
MAJOS Cada Canh. I. d. am. C. t.	No - Attach an explanation	
NAICS Code for the Industry Category:		
	Yes	



		· · · · · · · · · · · · · · · · · · ·
Part 3. Information About the Regional Center (Continued)		
8a. Describe and document the current and/or prospective structure of ownership and c EB-5 alien investors have or will make their capital investments.	ontrol of the comme	rcial entity(s) in which the
CMB Export LLC is seeking approval of an exemplar I-526 pe	tition for an	affiliated new
commercial enterprise - CMB Infrastructure Investment Grou		
attached exemplar petition documents, as the General Partn		
this enterprise. The EB-5 investors will collectively own		
Infrastructure Investment Group VII, LP.		
1.0 (11) 1.0 (11) 1.0 (11) 1.0 (11) 1.0 (11)		
b. Date commercial enterprise established, if any (mm/dd/yyyy): 03/10/2011	····	
c. Organization Structure for commercial enterprise:		
1. Corporation		
2. Partnership (including Limited Partnership)		
3. Limited Liability Company (LLC)		
4. Other (Explain)		
d. Has or will the Regional Center or any of its principals or agents have an equity sta	ake in the commerci	al enterprise?
No X Yes - Attach an explanation and documentation that outlines when a will be paid.	nd under what circur	mstances these remittance
e. Has or will the Regional Center or any of its principals or agents receive fees, prof through EB-5 capital investment activities from this commercial enterprise, beyond required of the EB-5 alien entrepreneurs?	-	
No Yes - Attach an explanation and documentation that outlines when a will be paid.	nd under what circur	nstances these remittance
Part 4. Applicant Signature Read the information on penalties in the inst	tructions hafora co	mnlating this section. It
someone helped you prepare this petition, he or she must compete Pa	v	mpleting this section. If
I certify, under penalty of perjury under the laws of the United States of America, that tall true and correct. I authorize the release of any information from my records that U.S to determine eligibility for the benefit being sought. I also certify that I have authority to	. Citizenship and Im	migration Services needs
to determine engionity for the benefit being sought. I also certify that I have authority to		- Togronal Conton.
Signature of Applicant Daytime I	hone Number	Date (mm/dd/yyyy)

Signature of Applicant

Daytime Phone Number
(Area/Country Codes)
(309) 797-1550

Printed Name of Applicant

E-Mail Address

Patrick F. Hogan

Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)

Form I-924 (11/23/10) Page 5

Part 5. Signature of Person Preparing This Form, If Other Than Above (Sign Below)

I declare that I prepared this application using information provided by someone with authority to act on behalf of the Regional Center, and the answers and information provided by the Regional Center.

Attorney or Representative: In the event of a Request for Evidence (RFE), may the USCIS contact you by Fax or E-mail?

☐ No 🗵

X Yes

Signature of Preparer		Printed Name of Preparer	Date (mm/dd/yyyy)
Link	Stone	Lincoln Stone / Elsie Arias	12-21-2011
Firm Name and Address			
Stone & Grzegorek	LLP		
800 Wilshire Blvd.	#900, Los Angeles,	California 90017	
Daytime Phone Number (Area/Country Codes)	Fax Number (Area/ Country Codes)	E-Mail Address	
(213) 627-8997	(213) 627-8998	elsie@lskglaw.com / lincoln@lskgla	w.com



Form I-924A, **Supplement to Form I-924**

Part 1. Information About Princip	al of the Regio	nal Center			
Name: Last	First			Middl	e
Hogan	Patr	ick		Fran	cis
In Care Of: CMB Export, LLC					
Street Address/P.O. Box: 7819 42nd Str	reet W.			···	
City: Rock Island (b)(6)		State: IL		Zip	Code: 61201
Date of Birth Fax Num	1			e Number rea code):	(309) 797-1550
Web site address: www.cmbeb5visa.com	l				
USCIS-assigned number for the Designated R Regional Center's most recently issued approv	•		31910156		
Part 2. Application Type (Select on	e)				
a. Supplement for the Fiscal Year Ending	g September 30,	2015 <i>(YYYY)</i>			
b. Supplement for a Series of Fiscal Year	rs Beginning on O	ctober 1, ((YYYY) and I	Ending on	September 30,(YYYY)
Part 3. Information About the Reg	ional Center				
(Use a continuation sheet, if needed, to provid principals, agents, individuals, or entities who center.)					
A. Name of Regional Center: CMB Export	LLC				
Street Address/P.O. Box: 7819 42nd	Street W.				
City: Rock Island		State: IL			Zip Code: 61201
Web site Address: www.cmbeb5visa.com	Fax Number (include area co	ode): ⁽⁸⁵⁵⁾ 85	2-5133 T	elephone	ea code): ⁽³⁰⁹⁾ 797-1550
B. Name of Managing Company/Agency: CN	MB Export, LI	'C			
Street Address/P.O. Box: 7819 42nd	Street W.				147
City: Rock Island		State: IL	V, M		Zip Code: 61201
Web site Address: www.cmbeb5visa.com	Fax Number (include area co	(855) 852 de):		elephone nclude are	(309) 797-1550 a code):
C. Name of Other Agent:					
Street Address/P.O. Box:		·, · · · · · · · · · · · · · · · · · ·			
City:		State:			Zip Code:
Web site	Fax Number (include area co	de):	I	elephone nclude are	a code):



Part 3.	Information	About the	Regional C	enter ((Continued)
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Answer the following questions for the time period identified in **Part 2** of this form. **Note:** If extra space is needed to complete any item, attach a continuation sheet, indicate the item number, and provide the response.

1. Identify the aggregate EB-5 capital investment and job creation has been the focus of EB-5 capital investments sponsored through the regional center. (Note: Separately identify jobs maintained through investments in "troubled businesses.")

(l	b)((44)
١.	<i>γ</i> (,

Aggregate EB-5 Capital Investment	Aggregate Direct and Indirect Job Creation	Aggregate Jobs Maintained

2. Identify each industry that has been the focus of EB-5 capital investments sponsored through the Regional Center, and the resulting aggregate EB-5 capital investment and job creation. (Note: Separately identify jobs maintained through investments in "troubled businesses".)

a. Industry Category Title:		NAICS Code for the Industry Category
Construction		2 3
Aggregate EB-5 Capital Investment:	Aggregate Direct and Indirect Job Creation:	Aggregate Jobs Maintained:
b. Industry Category Title:		NAICS Code for the Industry Category
Aggregate EB-5 Capital Investment:	Aggregate Direct and Indirect Job Creation:	Aggregate Jobs Maintained:
c. Industry Category Title:		NAICS Code for the Industry Category
Aggregate EB-5 Capital Investment:	Aggregate Direct and Indirect Job Creation:	Aggregate Jobs Maintained:

3. Provide the following information for each job creating commercial enterprise located within the geographic scope of your regional center that has received EB-5 investor capital:

a. Name of Commercial Enterprise:		Industry Category Tit	e:	
CMB Export Infrast. Invest.	Group 23, LP	Construction		
Address (Street Number and Name): City:			State:	Zip Code:
7819 42nd Street W.	Rock Island		IL	61201
Aggregate EB-5 Capital Investment:	Aggregate Direct and	Indirect Job Creation:	Aggregate Jobs	s Maintained:
Does this EB-5 commercial enterprise serv have or will create or maintain jobs for EB-		nent into other business	entities that	□ No 🗵 Yes

(b))(41)

If yes, then identify the name and address of	each job creating busine	ss, as well as the amou	unt of EB-5 c	apital investment and job	
creation/maintenance associated with each jo					
(1) Business Name:		Industry Category T	itle:		
RE Projects - Redlands, LLC		Construction			
Address (Street Number and Name):	City:		State:	Zip Code:	
3090 Olive St., Suite 300	Dallas		TX	75219	
EB-5 Capital Investment:	B-5 Capital Investment: Direct and Indirect Jo		Jobs Main	Jobs Maintained:	
(2) Business Name		Industry Category T	itle:		
Address (Street Number and Name):	City:		State:	Zip Code:	
EB-5 Capital Investment:	Direct and Indirect Jo	bb Creation:	Jobs Maint	tained:	
		•			
		· · · · · · · · · · · · · · · · · · ·			
b. Name of Commercial Enterprise:		Industry Category T	litle:		
CMB Export Infrast. Invest.	Group 29, LP	Construction			
Address (Street Number and Name):	City:		State:	Zip Code:	
7819 42nd Street W.	Rock Island		IL	61201	
Aggregate EB-5 Capital Investment:	Aggregate Direct and	Indirect Job Creation	: Aggregate	Jobs Maintained:	
Does this EB-5 commercial enterprise serve have or will create or maintain jobs for EB-5		ent into other business	entities that	□ No 🗶 Yes	
If yes, then identify the name and address of creation/maintenance associated with each joint and the second secon		ss, as well as the amor	unt of EB-5 c	apital investment and job	
(1) Business Name:	Pananananan	Industry Category T	Title:		
Real Estate Projects - SF I,	LLC	Construction			
Address (Street Number and Name):	City:		State:	Zip Code	
	Dallas		TX	75219	
3090 Olive St., Suite 300					

(2) Business Name:		Industry Categor	y Title:	
Address (Street Number and Name):	City:		State:	Zip Code:
EB-5 Capital Investment:	Capital Investment: Direct and Indirect J		Jobs Mai	ntained:
c. Name of Commercial Enterprise:		Industry Categor	y Title:	
CMB Export Infrast. Invest.	Group 34, LP	Construction	n .	
Address (Street Number and Name):	City:		State:	Zip Code:
7819 42nd Street W.	Rock Island,		IL	61201
Aggregate EB-5 Capital Investment:	gregate EB-5 Capital Investment: Aggregate Direct an		ion: Aggregat	e Jobs Maintained:
Does this EB-5 commercial enterprise serve that have or will create or maintain jobs for If yes, then identify the name and address of	e as a vehicle for investmer EB-5 purposes?	ent into other busin	ess entities	∏ No ⊠ Y
Does this EB-5 commercial enterprise serve that have or will create or maintain jobs for If yes, then identify the name and address of creation/maintenance associated with each	e as a vehicle for investmer EB-5 purposes?	ent into other busin	ess entities mount of EB-5 c	∏ No ⊠ Y
Does this EB-5 commercial enterprise serve that have or will create or maintain jobs for If yes, then identify the name and address of creation/maintenance associated with each (1) Business Name:	e as a vehicle for investmer EB-5 purposes?	ent into other busin ess, as well as the a	ess entities mount of EB-5 c	∏ No ⊠ Y
Does this EB-5 commercial enterprise serve that have or will create or maintain jobs for If yes, then identify the name and address of creation/maintenance associated with each (1) Business Name: Beachwood Investors, LLC	e as a vehicle for investmer EB-5 purposes? If each job creating busin job creating business.	ent into other busin	ess entities mount of EB-5 c	☐ No 🔀 Y
Does this EB-5 commercial enterprise serve that have or will create or maintain jobs for If yes, then identify the name and address of creation/maintenance associated with each (1) Business Name: Beachwood Investors, LLC Address (Street Number and Name):	e as a vehicle for investme EB-5 purposes? If each job creating busin job creating business. City:	ent into other busin ess, as well as the an Industry Categor Constructio	ess entities mount of EB-5 c y Title: n	□ No ☑ Y capital investment and
Does this EB-5 commercial enterprise serve that have or will create or maintain jobs for If yes, then identify the name and address of creation/maintenance associated with each (1) Business Name: Beachwood Investors, LLC	e as a vehicle for investmer EB-5 purposes? If each job creating busin job creating business.	ent into other busin ess, as well as the an Industry Categor Constructio	ess entities mount of EB-5 c	☐ No 🔀 Y
Does this EB-5 commercial enterprise serve that have or will create or maintain jobs for If yes, then identify the name and address of creation/maintenance associated with each (1) Business Name: Beachwood Investors, LLC Address (Street Number and Name):	e as a vehicle for investme EB-5 purposes? If each job creating busin job creating business. City:	ent into other busin ess, as well as the an Industry Categor Construction a Angeles	ess entities mount of EB-5 c y Title: n	□ No ☑ Y capital investment and Zip Code: 90067
Does this EB-5 commercial enterprise serve that have or will create or maintain jobs for If yes, then identify the name and address of creation/maintenance associated with each (1) Business Name: Beachwood Investors, LLC Address (Street Number and Name): 1999 Avenue of the Stars	e as a vehicle for investme EB-5 purposes? of each job creating busin job creating business. City: Ste. 3850, Los	ent into other busin ess, as well as the an Industry Categor Construction a Angeles	ess entities mount of EB-5 c y Title: n State: CA Jobs Mair	□ No ☑ Y capital investment and Zip Code: 90067
Does this EB-5 commercial enterprise serve that have or will create or maintain jobs for If yes, then identify the name and address of creation/maintenance associated with each (1) Business Name: Beachwood Investors, LLC Address (Street Number and Name): 1999 Avenue of the Stars EB-5 Capital Investment:	e as a vehicle for investme EB-5 purposes? of each job creating busin job creating business. City: Ste. 3850, Los	ent into other busin ess, as well as the an Industry Categor Construction Angeles ob Creation:	ess entities mount of EB-5 c y Title: n State: CA Jobs Mair	□ No ☑ Y capital investment and Zip Code: 90067

(b))(4)

d. Name of Commercial Enterprise:		Industry Catego	ory Title:	
CMB Export Infrast. Inves	t. Group 35, LP	Constructi	on	
Address (Street Number and Name):	City:		State:	Zip Code:
7819 42nd Street W.	Rock Island		IL	61201
Aggregate EB-5 Capital Investment:	Aggregate Direct	and Indirect Job Crea	tion: Aggregate	e Jobs Maintaine
Does this EB-5 commercial enterprise se that have or will create or maintain jobs		tment into other busir	ness entities	□ No [
If yes, then identify the name and address job creation/maintenance associated with			mount of EB-5 c	apital investmen
(1) Business Name:		Industry Catego	ry Title:	
RE Projects - Redlands 52,	LLC	Constructor	n	
	, ELC	Competaceon		
Address (Street Number and Name):	City:	Constitution	State:	Zip Code:
Address (Street Number and Name): 3090 Olive St., Suite 300		Constitution	State:	Zip Code: 75219
•	City:			75219
3090 Olive St., Suite 300	City: Dallas		TX.	75219
3090 Olive St., Suite 300 EB-5 Capital Investment:	City: Dallas	et Job Creation:	Jobs Mair	75219
3090 Olive St., Suite 300	City: Dallas		Jobs Mair	75219
3090 Olive St., Suite 300 EB-5 Capital Investment:	City: Dallas	et Job Creation:	Jobs Mair	75219
3090 Olive St., Suite 300 EB-5 Capital Investment: (2) Business Name:	City: Dallas Direct and Indire	et Job Creation:	Jobs Main	75219 ntained:
3090 Olive St., Suite 300 EB-5 Capital Investment: (2) Business Name:	City: Dallas Direct and Indire	Industry Categor	Jobs Main	75219 ntained: Zip Code:
3090 Olive St., Suite 300 EB-5 Capital Investment: (2) Business Name: Address (Street Number and Name):	City: Dallas Direct and Indire City:	Industry Categor	Jobs Main Ty Title: State:	75219 ntained: Zip Code:
3090 Olive St., Suite 300 EB-5 Capital Investment: (2) Business Name: Address (Street Number and Name):	City: Dallas Direct and Indire City:	Industry Categor	Jobs Main y Title: State: Jobs Main	75219 ntained: Zip Code:
3090 Olive St., Suite 300 EB-5 Capital Investment: (2) Business Name: Address (Street Number and Name): EB-5 Capital Investment:	City: Dallas Direct and Indire City: Direct and Indire	Industry Categor	Jobs Main y Title: State: Jobs Main ry Title:	75219 ntained: Zip Code:
3090 Olive St., Suite 300 EB-5 Capital Investment: (2) Business Name: Address (Street Number and Name): EB-5 Capital Investment:	City: Dallas Direct and Indire City: Direct and Indire	Industry Categor t Job Creation:	Jobs Main y Title: State: Jobs Main ry Title:	75219 ntained: Zip Code:
3090 Olive St., Suite 300 EB-5 Capital Investment: (2) Business Name: Address (Street Number and Name): EB-5 Capital Investment: e. Name of Commercial Enterprise: CMB Export Infrast. Invest	City: Dallas Direct and Indire City: Direct and Indire	Industry Categor t Job Creation:	Jobs Main Ty Title: Jobs Main Try Title: Try Title:	75219 Itained: Zip Code: Itained:

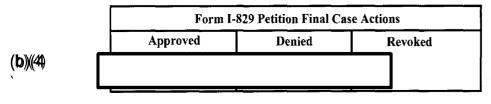
d. Name of Commercial Enterprise:			Industry Category Ti	tle:	
CMB Export Infrast. Inve	est. Gr	roup 48. LP	Construction		
Address (Street Number and Name):		City:		State:	Zip Code:
7819 42nd Street W.	•	Rock Island		IL	61201
Aggregate EB-5 Capital Investment:	:	Aggregate Direct and	Indirect Job Creation:	Aggregate Jo	bs Maintained
		00 -B			
Does this EB-5 commercial enterprise that have or will create or maintain job			nt into other business e	entities	☐ No 🗵
If yes, then identify the name and addression of the creation			ss, as well as the amour	nt of EB-5 capit	tal investment
(1) Business Name:			Industry Category Tit	tle:	
CPMB, LLC			Construction		
Address (Street Number and Name):		City:		State:	Zip Code:
1999 Avenue of the Stars		J			
1999 Avenue of the Stars		Ste. 2850, Los	Angeles	CA	90067
EB-5 Capital Investment:		Ste. 2850, Los Direct and Indirect Jo		CA Jobs Maintain	
EB-5 Capital Investment:					
				Jobs Maintain	
EB-5 Capital Investment:			bb Creation:	Jobs Maintain	
EB-5 Capital Investment: (2) Business Name:		Direct and Indirect Jo	ob Creation: Industry Category Tit	Jobs Maintain	Zip Code:
EB-5 Capital Investment: (2) Business Name: Address (Street Number and Name):		Direct and Indirect Jo	ob Creation: Industry Category Tit	Jobs Maintain le: State: Jobs Maintain	Zip Code:
EB-5 Capital Investment: (2) Business Name: Address (Street Number and Name): EB-5 Capital Investment:		Direct and Indirect Jo	bb Creation: Industry Category Titi b Creation:	Jobs Maintain le: State: Jobs Maintain	Zip Code:

(1) Business Name:		Industry Catego	ory Title:	
RE Projects - Roster City, L	LC	Constructi	on	
Address (Street Number and Name):	City:		State:	Zip Code:
3090 Olive Street, Ste. 300	Dallas		TX	75219
EB-5 Capital Investment: Direct and Indirect Jo		ot Ioh Crostian	Jobs Mai	ntainad:
20 5 capital investment.	Direct and maire	ect Job Creation;	Jobs Mai	mameu.
(2) Business Name:	Direct and indire	Industry Catego		manicu.
	Direct and indire			manicu.
	City:			Zip Code:

4. Provide the total number of approved, denied and revoked Form I-526 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

	Form I-526 Petition Final Case Actions					
	Approved	Denied	Revoked			
(b))(4)						

5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)



NOTE: USCIS may require case-specific data relating to individual EB-5 petitions and the job creation determination and further information regarding the allocation methodologies utilized by a regional center in certain instances in order to verify the aggregate data provided above.

Part 4. Applicant Signates someone helped you prepare		mation on penalties in the instructions before on the must compete Part 5 .	completing this section. If
submitted with it are all true	e and correct. I authorize th	e United States of America, that this supplemental are release of any information from my records that if the benefit being sought. I also certify that I have	U.S. Citizenship and
Signature of Applicant		Printed Name of Applicant	Date (mm/dd/yyyy)
stuf 7	h	Patrick F. Hogan	12/8/2015
Daytime Phone Number (Area Country Codes)		E-Mail Address	1/7
(309) 797-1550		pat@cmbeb5visa.com	
Relationship to the Regio	nal Center Entity (Manag	ging Member, President, CEO, etc.)	
Managing Member			
4			
Part 5. Signature of	Person Preparing Th	is Form, If Other Than Above (Sign Bel-	ow)
		rovided by someone with authority to act on behalf	·
the answers and information	-	· · · · · · · · · · · · · · · · · · ·	or the regional conter, and
Attorney or Representative you by Fax or E-mail?	ve: In the event of a Reque	est for Evidence (RFE), may the USCIS contact	□ No □ Yes
Signature of Preparer		Printed Name of Preparer	Date (mm/dd/yyyy)
Firm Name and Address			
Daytime Phone Number	Fax Number (Area/	E-Mail Address	
(Area/Country Codes)	Country Codes)		
<u></u>		-	

OMB No. 1615-0061; Expires 01/31/2015

Department of Homeland Security U.S. Citizenship and Immigration Services

Form I-924, Application for Regional Center Under the Immigrant Investor Pilot Program

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		Attorney's State I		No	
		146597/208		140.	
Part 1. Information About Principal of the F	Regional Cen	ter			470
Name: Last	First		N	∕iiddle	
Hogan	Patrick		F	ranci	S
C/O: CMB Export, LLC					
Street Address/P.O. Box: 7819 42nd Street West					er vertigen in the second seco
	State: IL			Zin Co	de: 61201
					· · · · · · · · · · · · · · · · · · ·
Date of Birth Fax Numbe (mm/dd/yyyy) (include are	ea code): (309)	797-1655	include	ne Num area co	de): (309) 797-1550
Web site address: www.cmbeb5visa.com					
Part 2. Application Type (Check one)					
a. Initial Application for Designation as a Regional					
b. Amendment to an approved Regional Center appli					
Regional Center's previous approval notice): Remove commercial enterprise. (ID: 1031910)	<u> </u>	provai oi 1-52	o exe	mpiai	ior amiliated
Part 3. Information About the Regional Cen			 -		
(Use a continuation sheet, if needed, to provide information		management com	naniec/a	cancias	Pagional Center
principals, agents, individuals or entities who are or will b center.)					
A. Name of Regional Center: CMB Export, LLC					
Street Address/P.O. Box: 7819 42nd Street We	est				
City: Rock Island	State: L				Zip Code: 61201
Web site address:	Fax Number (nclude area code):	Telepl	hone Nu	ımber (include area code):
www.cmbeb5visa.com	(309) 797-	185 5	(30	9) 797	7-1550

B. Name of Managing Company/Agen	cy: N/A	
Street Address/P.O. Box:		
City:	State:	Zip Code:
Web site address:	Fax Number (include area code):	Telephone Number (include area code)
C. Name of Other Agent:		
Street Address/P.O. Box:		
City:	State:	Zip Code:
Web site address:	Fax Number (include area code):	Telephone Number (include area code):
N/A		

Part 3. Information About the Regional Center (Continued)
Note: If extra space is needed to complete any item, attach a continuation sheet, indicate the item number, and provide the response.
la. Describe the structure, ownership and control of the regional center entity.
CMB Export LLC ("CMB Export") is a limited liability company. Ownership of the Regional Center is held 50% by the Patrick F. Hogan Trust and 50% by the Joan L. Hogan Trust. Patrick F. Hogan ("Mr. Hogan") is the Managing Member of CMB Export.
b. Date the Regional Center was established(mm/dd/yyyy): 01/13/1997
c. Organization Structure for the Regional Center:
1. Agency of a U.S. State or Territory (identify)
2. Corporation
3. Partnership (including Limited Partnership)
✓ 4. Limited Liability Company (LLC)
5. Other (Explain)
2. Has this regional center's designation ever been formally terminated by USCIS, or has the regional center ever filed a Form I-924 or regional center proposal or amendment that was denied?
No Tes - Attach a copy of the adverse decision, with an explanation, the date of decision, and case number, if any.
3. Describe the geographic area of the regional center. Note: This area must be contiguous. Provide a map of the geographic area.
Per USCIS letter (dated July 22, 2013), CMB Export LLC has authorization to operate within the entire State of California and Nye County, Nevada.
4. Describe the regional center's administration, oversight, and management functions that are or will be in place to monitor all EB-5 capital investment activities and the allocation of the resulting jobs created or maintained under the sponsorship of the regional center.
CMB Export LLC has been operating as a regional center for over 17 years, and throughout this period, has properly complied with all monitoring and reporting requirements. Mr. Hogan is familiar with all USCIS requirements to maintain CMB Export's regional center designation. Additionally, there are several full-time employees that assist with the monitoring and reporting requirements for USCIS.

Part 3. Information About the Regional Center	(Continued)
activity, along with evidence of the funds committed to the	s for the regional center. Include a description of the budget for this regional center for promotional activities. Submit a plan of operation will be recruited, the method(s) by which the capital investment will subscribe or commit to the investment interest.
Please refer to the attached statement by Mr activities.	. Hogan regarding CMB Export's promotional
	n supporting a due diligence screening of its alien investor's lawful est the requisite amount of capital. Also, describe the regional center's stice.
CMB Export regularly conducts due diligence lawful source of funds. Please refer to the att	e in evaluating prospective EB-5 investors, including ached statement by Patrick F. Hogan.
7. Identify each industry that has or will be the focus of EB-5	capital investments sponsored through the regional center.
Industry Category Title: Construction	Is the Form I-924 application supported by an economic analysis and underlying business plan for the determination of prospective EB-5 job creation through EB-5 investments in this industry category?
NAICS Code for the Industry Category: 2 3 0 0 0 0	No - Attach an explanation
Industry Category Title:	Is the Form I-924 application supported by an economic analysis and underlying business plan for the determination of prospective EB-5 job creation through EB-5 investments in this industry category?
NAICS Code for the Industry Category:	☐ No - Attach an explanation ☐ Yes
Industry Category Title:	Is the Form I-924 application supported by an economic analysis and underlying business plan for the determination of prospective EB-5 job creation through EB-5 investments in this industry category?
NAICS Code for the Industry Category:	☐ No - Attach an explanation ☐ Yes
	1

8a. Describe and document the current and/or prospective structure of own EB-5 alien investors have or will make their capital investments.	ership and control of the comm	ercial entity(s) in which the
CMB Export is seeking approval of an I-526 exemplar enterprise - CMB Export Infrastructure Investment Groin the attached exemplar petition documents, the co-C this enterprise. The EB-5 investors will own collective	oup 38, LP. ("CMB Grou General Partner, CMB E	up 38"). As reflected export owns 20% of
b. Date commercial enterprise established, if any (mm/dd/yyyy): 10/28	3/2014	
c. Organization Structure for commercial enterprise:		
1. Corporation		
2. Partnership (including Limited Partnership)		
3. Limited Liability Company (LLC)		
4. Other (Explain)		
d. Has or will the Regional Center or any of its principals or agents have	an equity stake in the commerc	ial enterprise?
No X Yes - Attach an explanation and documentation that out will be paid.	lines when and under what circu	mstances these remittances
e. Has or will the Regional Center or any of its principals or agents receithrough EB-5 capital investment activities from this commercial enter required of the EB-5 alien entrepreneurs?		
No Yes - Attach an explanation and documentation that out will be paid.	lines when and under what circu	mstances these remittances
Part 4. Applicant Signature Read the information on penaltie someone helped you prepare this petition, he or she must	compete Part 5.	
I certify, under penalty of perjury under the laws of the United States of A all true and correct. I authorize the release of any information from my rec to determine eligibility for the benefit being sought. I also certify that I have	ords that U.S. Citizenship and Ir	nmigration Services needs
Signature of Applicant	Daytime Phone Number (Area/Country Codes)	Date (mm/dd/yyyy)
Tul f / la	(309) 797-1550	8/7/2015
Printed Name of Applicant	E-Mail Address	1 / 2/2
Patrick F. Hogan	Pat@cmbeb5visa.con	า
Relationship to the Regional Center Entity (Managing Member, Pres	ident, CEO, etc.)	
Owner/President		
		and the second of the second o

Part 5. Signature of Person Preparing This Form, If Other Than Above (Sign Below) I declare that I prepared this application using information provided by someone with authority to act on behalf of the Regional Center, and the answers and information provided by the Regional Center. Attorney or Representative: In the event of a Request for Evidence (RFE), may the USCIS contact ☐ No X Yes you by Fax or E-mail? Printed Name of Preparer Signature Lincoln Stone / Elsie Arias Firm Name and Address Stone Grzegorek & Gonzalez LLP 800 Wilshire Blvd., Suite 900, Los Angeles, CA 90017 **Daytime Phone Number** Fax Number (Area/ E-Mail Address

Lincoln@sggimmigration.com / Elsie@sggimmigration.com

(Area/Country Codes)

(213) 627-8997

Country Codes)

(213) 627-8998

Department of Homeland Security U.S. Citizenship and Immigration Services

Part 1. Information About	Principal of the	Regio	nal Center			
Name: Last		First			Middl	e
Hogan		Patr	ick		F.	
In Care Of: CMB Export, LLC						4.5
Street Address/P.O. Box: 7819 4	2nd Street W.					
City: Rock Island (b)(6)			State: IL		Zip	Code: 61201
	Fax Number (include area code):	(855)	852-5133	Teleph (includ	one Number e area code)	: (309) 797-1550
Web site address: www.cmbeb5v	isa.com				ID	10319 10156 10319 10156
USCIS-assigned number for the Des Regional Center's most recently issu		enter (at	tach the	9001470	RCW	103A 10156
Part 2. Application Type (C	heck one)				7000	.0 217 100 0
a. Supplement for the Fiscal Ye	ear Ending Septembe	er 30,	2011 (YYY)	つ		
b. Supplement for a Series of F	iscal Years Beginnin	ng on O	ctober 1,	<i>(YYYY)</i> an	d Ending on	September 30,(YYYY)
Part 3. Information About	the Regional Ce	nter				
(Use a continuation sheet, if needed, principals, agents, individuals, or ent center.)						
A. Name of Regional Center: CMB	Export, LLC					
Street Address/P.O. Box: 7819	42nd Street	W .				
City: Rock Island			State: IL			Zip Code: 61201
Web site Address: www.cmbeb5visa.c	Fax Nui (include	mber area c	ode): ⁽⁸⁵⁵⁾	852-5133	Telephone (include ar	ea code): ⁽³⁰⁹⁾ 797-1550
B. Name of Managing Company/Ag	gency: CMB Expor	ct, LI	_C			
Street Address/P.O. Box: 7819	42nd Street	W .				
City: Rock Island			State: IL			Zip Code: 61201
Web site Address: www.cmeb5visa.co	Fax Nun (include			852-5133	Telephone (include are	(309) 797-1550 ea code):
C. Name of Other Agent: N/A						
Street Address/P.O. Box:						
City:			State:			Zip Code:
Web site Address:	Fax Nun (include				Telephone	de):
						Form I-924A (11/23/10)

Answer the following questions for the time period identified in Part 2 of this form. Note: If extra space is needed to complete any item, attach a continuation sheet, indicate the item number, and provide the response.

1.	Identify the aggregate EB-5 capital investment and job creation has been the focus of EB-5 capital investments sponsored through	gh
	the regional center. (Note: Separately identify jobs maintained through investments in "troubled businesses.")	

)((44)	Aggregate EB-5 Capital Investment	Aggregate Direct and Indirect Job Creation	Aggregate Jobs Maintained
2.	•	cus of EB-5 capital investments sponsored throu o creation. (Note: Separately identify jobs main	~ ~ ~
	a. Industry Category Title:		NAICS Code for the Industry Category
	Construction 97% of GIII,	100% of GIV & GV	2 3 0 0 0 0
))(44)	Aggregate EB-5 Capital Investment:	Aggregate Direct and Indirect Job Creation:	Aggregate Jobs Maintained:
	b. Industry Category Title:		NAICS Code for the Industry Category
	Manufacturing 3% of GIII		$\frac{3}{2} \frac{1}{2} \frac{0}{2} \frac{0}{2} \frac{0}{2} \frac{0}{2}$
))((41)	Aggregate EB-5 Capital Investment:	Aggregate Direct and Indirect Job Creation:	Aggregate Jobs Maintained:
	c. Industry Category Title:		NAICS Code for the Industry Category
	Aggregate EB-5 Capital Investment:	Aggregate Direct and Indirect Job Creation:	Aggregate Jobs Maintained:

regional center that has received EB-5 investor capital:

a. Name of Commercial Enterprise:	Industry Category Title:			
CMB Infrastructure Investme	ent Group III	Construction &	Manufactu	ıring
Address (Street Number and Name):	City:		State:	Zip Code:
7819 42nd Street	Rock Island		IL	61201
Aggregate EB-5 Capital Investment:	Aggregate Direct and	Indirect Job Creation:	Aggregate Jo	obs Maintained:
Does this EB-5 commercial enterprise servitate or will create or maintain jobs for EE		nent into other business	entities that	□ No □ Yes



	If yes, then identify the name and address of creation/maintenance associated with each jo		ss, as well as the amou	nt of EB-5 capit	al investment and job	
	(1) Business Name:		Industry Category Title:			
	Inland Valley Development Ag	ency	Redevelopment	Reuse Auth	ority	
	Address (Street Number and Name):	City:		State:	Zip Code:	
	294 S. Leland Norton Way	San Bernardino		CA	92408	
(I » (/ 4A	EB-5 Capital Investment:	Direct and Indirect J	ob Creation:	Jobs Maintain	ed:	
(b))(44)						
	(2) Business Name		Industry Category Ti	tle:		
	San Bernardino Economic Deve	lopment Agency	Redevelopment/	Reuse Auth	ority	
	Address (Street Number and Name):	City:		State:	Zip Code:	
	201 N. E Street, Suite 301	San Bernardino		CA	92401	
	EB-5 Capital Investment:	Direct and Indirect Jo	ob Creation:	Jobs Maintain	ed:	
(b) ((4)						
	b. Name of Commercial Enterprise:		Industry Category Ti	tle:		
	CMB Infrastructure Investment	t Group IV	Construction	1		
	Address (Street Number and Name):	City:		State:	Zip Code:	
	7819 42nd Street W.	Rock Island		IL	61201	
(L)// //	Aggregate EB-5 Capital Investment:	Aggregate Direct and	Indirect Job Creation:	Aggregate Jo	bs Maintained:	
(b))(41)						
	Does this EB-5 commercial enterprise serve as have or will create or maintain jobs for EB-5 p		t into other business er	ntities that	☐ No 🔀 Yes	
	If yes, then identify the name and address of e creation/maintenance associated with each job	2	s, as well as the amoun	t of EB-5 capita	l investment and job	
	(1) Business Name:		Industry Category Ti	tle:		
	Inland Valley Development Age	ency	Redevelopment/	Reuse Auth	ority	
	Address (Street Number and Name):	City:		State:	Zip Code	
	294 S. Leland Norton Way	San Bernardino		CA	92408	
	EB-5 Capital Investment	Direct and Indirect Jo	b Creation	Jobs Maintai	ned	

(**b**))(4)



	(2) Business Name:		Industry Categor	ry Title:	
	McClellan Business Park		Redevelopme	ent/Reuse Au	uthority
	Address (Street Number and Name):	City:		State:	Zip Code:
	3140 Peacekeeper Way	McClellan		CA	95652
)((41)	EB-5 Capital Investment:	Direct and Indirect	Job Creation:	Jobs Mai	ntained:
	c. Name of Commercial Enterprise:	***************************************	Industry Categor	ry Title:	
	CMB Infrastructure Investmen	nt Group V	Construction	on	
	Address (Street Number and Name):	City:		State:	Zip Code:
	7819 42nd Street W.	Rock Island		IL	61201
4)	Aggregate EB-5 Capital Investment:	Aggregate Direct a	and Indirect Job Creat	ion: Aggregat	e Jobs Maintained:
	creation/maintenance associated with each j	ness, as well as the amount of EB-5 capital investment and			
	(1) Business Name:		Industry Categor	-	
	Inland Valley Development Ag	gency — r	Redevelopme	ent/Reuse Au	
	Address (Street Number and Name):	City:		State:	Zip Code:
	7819 42nd Street W.	Rock Island	- James - Jame	IL	61201
) [EB-5 Capital Investment:	Direct and Indirect	Job Creation:	Jobs Mair	tained:
	(2) Business Name:		Industry Category	y Title:	
l	San Bernardino Economic Deve	elopment Agency	Redevelopme	nt/Reuse Au	thority
L	Ban Bernardino Meonomic Deve			State:	Zip Code:
·	Address (Street Number and Name):	City:			
ı			no	CA	92401



USCIS Form I-924A Form Supplemental Sheet:

Part 3:

Section C, Number 3

Business Name: El Monte Redevelopment Agency Industry Category Title: Redevelopment/Reuse Agency

Address: 11333 Valley Boulevard

City: El Monte State: California Zip: 91731-3293

EB-5 Capital Investment:

Direct and Indirect Job Creation:

Jobs Maintained: 0

86

(b))(4)

Part 3. Information About the Regional Center (Continued) d. Name of Commercial Enterprise: **Industry Category Title:** Address (Street Number and Name): City: State: Zip Code: Aggregate EB-5 Capital Investment: Aggregate Direct and Indirect Job Creation: Aggregate Jobs Maintained: Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities ☐ Yes No that have or will create or maintain jobs for EB-5 purposes? If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. (1) Business Name: **Industry Category Title:** Address (Street Number and Name): City: State: Zip Code: EB-5 Capital Investment: Direct and Indirect Job Creation: Jobs Maintained: (2) Business Name: **Industry Category Title:** State: Address (Street Number and Name): City: Zip Code: EB-5 Capital Investment: Direct and Indirect Job Creation: Jobs Maintained: e. Name of Commercial Enterprise: **Industry Category Title:** City: Address Street Number and Name: State: Zip Code: Aggregate Direct and Indirect Job Creation: Aggregate Jobs Maintained: Aggregate EB-5 Capital Investment: Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities ☐ No ☐ Yes that have or will create or maintain jobs for EB-5 purposes?



(1) Business Name:		Industry Category Title:		
Address (Street Number and Name):	City:		State:	Zip Code:
EB-5 Capital Investment:	Direct and Indirect Job Creation:		Jobs Maintained:	
(2) Business Name:	Industry Catego		ory Title:	
Address (Street Number and Name):	City:		State:	Zip Code:
EB-5 Capital Investment:	Direct and Indirect Job Creation:		Jobs Maintained:	

4. Provide the total number of approved, denied and revoked Form I-526 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

Ţ	Form I-526 Petition Final Case Actions				
	Approved	Denied	Revoked		

5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

Approved Denied	ns
	Revoked
(D))(4)]

NOTE: USCIS may require case-specific data relating to individual EB-5 petitions and the job creation determination and further information regarding the allocation methodologies utilized by a regional center in certain instances in order to verify the aggregate data provided above.



Part 4.	Applicant Signature	Read the information on penalties in the instructions before completing this section.	<u>If</u>
	someone helped you pre	pare this petition, he or she must compete Part 5 .	

I certify, under penalty of perjury under the laws of the United States of America, that this supplemental form and the evidence submitted with it are all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit being sought. I also certify that I have authority to act on behalf of the Regional Center.

Signature of Applicant	//	Printed Name of Applicant	Date (mm/dd/yyyy)
The The		Patrick F. Hogan	11/29/2011
Daytime Phone Nymber (Area/Country Codes)		E-Mail Address	
(309) 797-1550		pat@cmbeb5visa.com	
Relationship to the Region	onal Center Entity (Mana	ging Member, President, CEO, etc.)	
Owner/President			
Part 5. Signature of	Person Preparing Th	is Form, If Other Than Above (Sign	Below)
I declare that I prepared thi the answers and informatio		rovided by someone with authority to act on b Regional Center.	pehalf of the Regional Center, and
Attorney or Representati you by Fax or E-mail?	ve: In the event of a Reque	est for Evidence (RFE), may the USCIS contact	ct No Yes
Signature of Preparer		Printed Name of Preparer	Date (mm/dd/yyyy)
Firm Name and Address			
Daytime Phone Number (Area/Country Codes)	Fax Number (Area/ Country Codes)	E-Mail Address	



Form I-924, Application for Regional Center **Under the Immigrant Investor Pilot Program**

	Do Not Writ	te in This Block	k - fo	or USCIS Us	Only (except G	-28 b	olock below)
Action Block	* API * SI *	PROVIEW 2 2 2014	EC	> × × × × × × × × × × × × × × × × × × ×		14 icense	07851710 1924 03/19/2014 e No.
Part 1. Infor	mation About I	Principal of th	he R	egional Cen	ter		· · · · · · · · · · · · · · · · · · ·
Name: Last Hogar	n			First Patrick			Middle Francis
C/O: CMB I	Export LLC O. Box: 7819 4	2nd Street	West	*			
City: Rock Is	land (b))(6)		State: IL			Zip Code: 61201
Date of Birth (mm/dd/yyyy):		Fax Nu (include		: a code): (30)	9) 797-1655 (elepho includ	one Number le area code); (309) 797-155
Web site address:	www.cmbeb5vi	sa.com				***	
Part 2. Appl	ication Type (C	heck one)					I AMANUA I MANUA I MAN
a. Initial Ap	oplication for Desig	nation as a Regic	onal C	Center			
Regional expansion of		pproval notice): 1	Requ	est for re			eipt number, if any (also attach the I-526 petition and
principals, agents center.)	, individuals or enti	ties who are or w					/agencies, Regional Center , and administration of the region
A. Name of Regi	ional Center: CMB	Export LLC					- Manuary
Street Addres	s/P.O. Box: 7819	42nd Stree	t We	est			
City: Rock	Island			State: IL			Zip Code: 61201
Web site addr	ess: 5visa.com			Fax Number (include area code): -1655		phone Number (include area code 09) 797-1550

. Name of Managing Company/Agency: Ch	MB Export LLC	
Street Address/P.O. Box: 7819 42nd	Street West	
City: Rock Island	State: IL	Zip Code: 61201
Web site address: www.cmbeb5visa.com	Fax Number (include area code): (309) 797-1655	Telephone Number (include area of (309) 797-1550
Name of Other Agent:		
Street Address/P.O. Box:		
City:	State:	Zip Code;
Web site address:	Fax Number (include area code):	Telephone Number (include area c

Note: If extra space is needed to complete any item, attach a continuation sheet, indicate the item number, and provide the response 1a. Describe the structure, ownership and control of the regional center entity. CMB Export LLC is a limited liability company. Patrick Hogan is the sole owner and managing member of CMB Export LLC. b. Date the Regional Center was established(mm/dd/yyyy): 08/15/1997
managing member of CMB Export LLC.
managing member of CMB Export LLC.
b. Date the Regional Center was established(mm/dd/yyyy): 08/15/1997
c. Organization Structure for the Regional Center:
1. Agency of a U.S. State or Territory (identify)
2. Corporation
3. Partnership (including Limited Partnership)
4. Limited Liability Company (LLC)
5. Other (Explain)
2. Has this regional center's designation ever been formally terminated by USCIS, or has the regional center ever filed a Form I-9 or regional center proposal or amendment that was denied? No Yes - Attach a copy of the adverse decision, with an explanation, the date of decision, and case number, if any. 3. Describe the geographic area of the regional center. Note: This area must be contiguous. Provide a map of the geographic area Per USCIS letter (dated June 10, 2010), CMB Export LLC has authorization to operate within the entire State of California, including Orange County. The Project (Great Wolf Lodge) which CMB Export Infrastructure Investment Group XVI, LP is funding with EB-5 capital of \$116 million is located in Orange County.
4. Describe the regional center's administration, oversight, and management functions that are or will be in place to monitor all El capital investment activities and the allocation of the resulting jobs created or maintained under the sponsorship of the regional center.
CMB Export LLC has been operating as a regional center for over fifteen years, and throughout this period, has properly complied with all monitoring and reporting requirements. Patrick Hogan is familiar with all USCIS requirements to maintain CMB Export LLC's regional center designation. Additionally, CMB Export LLC has several full-time employees to assist with the monitoring and reporting requirements for USCIS.

activity, along with evidence of the funds committed to the for the regional center that addresses how EB-5 investors w opportunities will be offered to the investors, and how they	
Please refer to the attached statement, si LLC's promotional activities.	gned by Patrick Hogan regarding CMB Export
	ds. Please refer to the attached statement by
7. Identify each industry that has or will be the focus of EB-5	capital investments sponsored through the regional center.
Industry Category Title: Construction NAICS Code for the Industry Category: 2 3 0 0 0 0	Is the Form I-924 application supported by an economic analysis and underlying business plan for the determination of prospective EB-5 job creation through EB-5 investments in this industry category? No - Attach an explanation Yes
Industry Category Title: Accommodation NAICS Code for the Industry Category: 7 2 1 0 0 0	Is the Form I-924 application supported by an economic analysis and underlying business plan for the determination of prospective EB-5 job creation through EB-5 investments in this industry category? No - Attach an explanation Yes
Industry Category Title:	Is the Form I-924 application supported by an economic analysis and underlying business plan for the determination of prospective EB-5 job creation through EB-5 investments in this industry category?
NAICS Code for the Industry Category:	☐ No - Attach an explanation ☐ Yes

EB-5 alien investors have or will make their capital investors	ructure of ownership and control of the comm	nercial entity(s) in which th
AB Export LLC is seeking approval of an ommercial enterprise - CMB Export Infra effected in the attached exemplar petit export LLC owns 20% of this enterprise. emaining 80% of CMB Export Infrastructure.	exemplar I-526 petition for a structure Investment Group XVI ion documents, as the General The EB-5 investors will collect	, LP. As Partner, CMB
. Date commercial enterprise established, if any (mm/dd/y	уууу): 11/08/2013	
. Organization Structure for commercial enterprise:		
☐ 1. Corporation		
☑ 2. Partnership (including Limited Partnership)		
3. Limited Liability Company (LLC)		
4. Other (Explain)		
. Has or will the Regional Center or any of its principals of	or agents have an equity stake in the commer	cial enterprise?
☐ No ☑ Yes - Attach an explanation and document will be paid.	tation that outlines when and under what circ	umstances these remittance
Has or will the Regional Center or any of its principals of through EB-5 capital investment activities from this corr required of the EB-5 alien entrepreneurs?		
	nmercial enterprise, beyond the minimum ca	pital investment threshold
through EB-5 capital investment activities from this correquired of the EB-5 alien entrepreneurs? No Yes - Attach an explanation and document will be paid. rt 4. Applicant Signature Read the information someone helped you prepare this petition, he	nmercial enterprise, beyond the minimum cap tation that outlines when and under what circ on on penalties in the instructions before of or she must compete Part 5.	pital investment threshold numstances these remittance completing this section.
through EB-5 capital investment activities from this con required of the EB-5 alien entrepreneurs? No Yes - Attach an explanation and document will be paid. Applicant Signature Read the information someone helped you prepare this petition, he extify, under penalty of perjury under the laws of the Unite true and correct. I authorize the release of any information	nmercial enterprise, beyond the minimum cap tation that outlines when and under what circ in on penalties in the instructions before a or she must compete Part 5. ed States of America, that this form and the en from my records that U.S. Citizenship and	pital investment threshold numstances these remittance completing this section. I widence submitted with it a firmigration Services needs
through EB-5 capital investment activities from this correquired of the EB-5 alien entrepreneurs? No Yes - Attach an explanation and document will be paid. rt 4. Applicant Signature Read the information someone helped you prepare this petition, he exity, under penalty of perjury under the laws of the Unite true and correct. I authorize the release of any information eletermine eligibility for the benefit being sought. I also ce	namercial enterprise, beyond the minimum cap tation that outlines when and under what circ in on penalties in the instructions before a or she must compete Part 5. ed States of America, that this form and the e in from my records that U.S. Citizenship and entify that I have authority to act on behalf of Daytime Phone Number	pital investment threshold numstances these remittance completing this section. I widence submitted with it a firmigration Services needs
through EB-5 capital investment activities from this correquired of the EB-5 alien entrepreneurs? No Yes - Attach an explanation and document will be paid. rt 4. Applicant Signature Read the information someone helped you prepare this petition, he exity, under penalty of perjury under the laws of the Unite true and correct. I authorize the release of any information eletermine eligibility for the benefit being sought. I also ce	namercial enterprise, beyond the minimum cap tation that outlines when and under what circ in on penalties in the instructions before a or she must compete Part 5. ed States of America, that this form and the enterprise from my records that U.S. Citizenship and intify that I have authority to act on behalf of	completing this section. It is a limited with it a limited with a
through EB-5 capital investment activities from this correquired of the EB-5 alien entrepreneurs? No Yes - Attach an explanation and document will be paid. The someone helped you prepare this petition, he entify, under penalty of perjury under the laws of the Unite true and correct. I authorize the release of any information determine eligibility for the benefit being sought. I also ce gnature of Applicant	tation that outlines when and under what circum on penalties in the instructions before a or she must compete Part 5. ed States of America, that this form and the enfrom my records that U.S. Citizenship and entity that I have authority to act on behalf of Daytime Phone Number (Area/Country Codes)	completing this section. I vidence submitted with it a Immigration Services needs the Regional Center.
through EB-5 capital investment activities from this conrequired of the EB-5 alien entrepreneurs? No X Yes - Attach an explanation and document will be paid. ort 4. Applicant Signature Read the information	namercial enterprise, beyond the minimum cap tation that outlines when and under what circ in on penalties in the instructions before a or she must compete Part 5. ed States of America, that this form and the en from my records that U.S. Citizenship and intify that I have authority to act on behalf of Daytime Phone Number (Area/Country Codes) (309) 797-1550	completing this section. I vidence submitted with it a Immigration Services needs the Regional Center.

Part 5. Signature of Person Preparing This Form, If Other Than Above (Sign Below)

I declare that I prepared this application using information provided by someone with authority to act on behalf of the Regional Center, and the answers and information provided by the Regional Center.

Attorney or Representative: In the event of a Request for Evidence (RFE), may the USCIS contact you by Fax or E-mail?

☐ No ☒ Yes

Date (mm/dd/yyyy)

Signature of Preparer

Printed Name of Preparer

Lincoln Stone / Elsie Arias

Firm Name and Address

Stoné Grzegorek & Gonzalez LLP

800 Wilshire Blvd., Suite 900, Los Angeles, CA 90017

Daytime Phone Number (Area/Country Codes)

(213) 627-8997

Fax Number (Area/ Country Codes)

(213) 627-8998

E-Mail Address

Lincoln@sggimmigration.com / Elsie@sggimmigration.com

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Action Block Action Block APPROVED APR 0 5 2016	or-USCIS Us	F RCW egarcia2	143365 1924	
(4.2 Citizenship and Immisrction Sensions		Attorney's State Liu 146597/208669		
Part 1. Information About Principal of the B	tegional Cen	ter		
Name: Last	First		Middle	
Hogan	Patrick		Franci	is
C/O: CMB Export LLC				
Street Address/P.O. Box: 7819 42nd Street Wes	t			
City: Rock Island (b)(6)	State: IL		Zip Co	de: 61201
Date of Birth (mm/dd/yyyy): Fax Numbe (include are	120	797–1655 Te	elephone Num iclude area co	ber de): (309) 797-1550
Web site address: www.cmbeb5visa.com				
Part 2. Application Type (Check one)				
a. Initial Application for Designation as a Regional	Center	-		
X b. Amendment to an approved Regional Center appl	ication. Note th	e previous applicatio	n receipt num	ber, if any (also attach the
Regional Center's previous approval notice): Req				
	ID 103191015) 		
Part 3. Information About the Regional Cen				
(Use a continuation sheet, if needed, to provide informatic principals, agents, individuals or entities who are or will be center.)	on for additiona se involved in th	l management compa ne management, over	anies/agencies sight, and adn	s, Regional Center ninistration of the regional
A. Name of Regional Center: CMB Export LLC				
Street Address/P.O. Box: 7819 42nd Street W	lest			
City: Rock Island	State: IL			Zip Code: 61201
Web site address:	Fax Number	(include area code):	Telephone N	umber (include area code):
www.cmbeb5visa.com	(309) 79	7-1655	(309) 79	7~1550

3. Name of Managing Company/Agen	cy: N/A	
Street Address/P.O. Box:		
City:	State:	Zip Code:
Web site address:	Fax Number (include area code):	Telephone Number (include area code
C. Name of Other Agent:		
Street Address/P.O. Box:		
City:	State:	Zip Code:
Web site address:	Fax Number (include area code):	Telephone Number (include area code
N/A	ll be involved in the management, oversight, and adm	imstration of the regional center.)

Part 3. Information About the Regional Center (Continued)
Note: If extra space is needed to complete any item, attach a continuation sheet, indicate the item number, and provide the response.
1a. Describe the structure, ownership and control of the regional center entity.
CMB Export LLC ("CMB Export") is a limited liability company, ownership of which is held 50% by the Patrick F. Hogan Trust, and 50% by the Joan L. Hogan Trust, Patrick F. Hogan, Managing Member.
b. Date the Regional Center was established(mm/dd/yyyy): 08/15/1997
c. Organization Structure for the Regional Center:
1. Agency of a U.S. State or Territory (identify)
2. Corporation
3. Partnership (including Limited Partnership)
4. Limited Liability Company (LLC)
5. Other (Explain)
2. Has this regional center's designation ever been formally terminated by USCIS, or has the regional center ever filed a Form I-924 or regional center proposal or amendment that was denied?
No Yes - Attach a copy of the adverse decision, with an explanation, the date of decision, and case number, if any.
3. Describe the geographic area of the regional center. Note: This area must be contiguous. Provide a map of the geographic area.
Per USCIS letter (dated June 10, 2010), CMB Export LLC has authorization to operate within the entire State of California.
4. Describe the regional center's administration, oversight, and management functions that are or will be in place to monitor all EB-5 capital investment activities and the allocation of the resulting jobs created or maintained under the sponsorship of the regional center.
CMB Export LLC has been operating as a regional center for over 17 years, and throughout this period, has properly complied with all monitoring and reporting requirements. Patrick F. Hogan is familiar with all USCIS requirements to maintain CMB Export's regional center designation. Additionally, there are several full-time employees that assist with the monitoring and reporting requirements for USCIS.

Part 3. Information About the Regional Center	· (Continued)
activity, along with evidence of the funds committed to the	es for the regional center. Include a description of the budget for this e regional center for promotional activities. Submit a plan of operation will be recruited, the method(s) by which the capital investment y will subscribe or commit to the investment interest.
Please refer to the attached statement, spromotional activities.	signed by Patrick F. Hogan regarding CMB Export's
source of capital and the alien investor's ability to fully investore prospective plans in this regard if they differ from past pra	
	nce in evaluating prospective EB-5 investors, errefer to the attached statement by Patrick F.
7. Identify each industry that has or will be the focus of EB-5	5 capital investments sponsored through the regional center.
Industry Category Title: Construction	Is the Form I-924 application supported by an economic analysis and underlying business plan for the determination of prospective EB-5 job creation through EB-5 investments in this industry category? No - Attach an explanation
NAICS Code for the Industry Category: 2	∑ Yes
Industry Category Title:	Is the Form 1-924 application supported by an economic analysis and underlying business plan for the determination of prospective EB-5 job creation through EB-5 investments in this industry category?
NAICS Code for the Industry Category:	☐ No - Attach an explanation ☐ Yes
Industry Category Title:	Is the Form I-924 application supported by an economic analysis and underlying business plan for the determination of prospective EB-5 job creation through EB-5 investments in this industry category?
NAICS Code for the Industry Category:	☐ No - Attach an explanation ☐ Yes

Part 3. Information About the Regional Center (Conti	nued)	
8a. Describe and document the current and/or prospective structure of c EB-5 alien investors have or will make their capital investments.	ownership and control of the comn	nercial entity(s) in which the
CMB Export is seeking approval of an exemplar I commercial enterprise - CMB Export Infrastructu in the attached exemplar petition documents, as of this enterprise. The EB-5 investors will co Export Infrastructure Investment Group 29, LP.	re Investment Group 29, the General Partner, C	LP. As reflected MB Export owns 20%
b. Date commercial enterprise established, if any (mm/dd/yyyy): 02	/05/2014	
c. Organization Structure for commercial enterprise:		
1. Corporation		
2. Partnership (including Limited Partnership)		
3. Limited Liability Company (LLC)		
4. Other (Explain)		
d. Has or will the Regional Center or any of its principals or agents h	ave an equity stake in the commerc	cial enterprise?
No Yes - Attach an explanation and documentation that will be paid.	outlines when and under what circ	umstances these remittances
e. Has or will the Regional Center or any of its principals or agents re through EB-5 capital investment activities from this commercial er required of the EB-5 alien entrepreneurs?		
No Yes - Attach an explanation and documentation that will be paid.	outlines when and under what circ	umstances these remittances
Part 4. Applicant Signature Read the information on pena someone helped you prepare this petition, he or she mu I certify, under penalty of perjury under the laws of the United States of all true and correct. I authorize the release of any information from my	ist compete Part 5. America, that this form and the e	vidence submitted with it are
to determine eligibility for the benefit being sought. I also certify that I		
Signature of Applicant	Daytime Phone Number	Date (mm/dd/yyyy)
with the second	(Area/Country Codes) (309) 797-1550	
Printed Name of Applicant	E-Mail Address	
Patrick F. Hogan	Pat@cmbeb5visa.com	
Relationship to the Regional Center Entity (Managing Member, P	resident. CEO. etc.)	
Owner/President		

Part 5. Signature of Person Preparing This Form, If Other Than Above (Sign Below) I declare that I prepared this application using information provided by someone with authority to act on behalf of the Regional Center, and the answers and information provided by the Regional Center. Attorney or Representative: In the event of a Request for Evidence (RFE), may the USCIS contact ☐ No X Yes you by Fax or E-mail? Printed Name of Preparer Signature of Preparer Date (mm/dd/yyyy) Lincoln Stone / Elsie Arias Firm Name and Address Stone Grzegorek & Gonzalez LLP 800 Wilshire Blvd., Suite 900 Los Angeles, CA 90017 Daytime Phone Number Fax Number (Area/ E-Mail Address (Area/Country Codes) Country Codes) Elsie@sggimmigration.com /

Lincoln@sggimmigration.com

(213) 627-8997

(213) 627-8998

Department of Homeland Security U.S. Citizenship and Immigration Services

Part 1. Information About	Principal of the Re	gional Center		
Name: Last	Fir	rst	Mi	ddle
Hogan	Pa	atrick	Fr	ancis
In Care Of: CMB Export, LLC				
Street Address/P.O. Box: 7819	42nd Street W.			And
City: Rock Island (b)	(6)	State: IL	Z	ip Code: 61201
Date of Birth (mm/dd/yyyy):	Fax Number (include area code): (85	55) 852-5133	Telephone Num	ber de): (309) 797-1550
Web site address: www.cmbeb5v	isa.com			
USCIS-assigned number for the De Regional Center's most recently iss	-	r (attach the	234250844	
Part 2. Application Type (check one)			
a. Supplement for the Fiscal Y	ear Ending September 30	0, <u>2013</u> (YYYY)		
b. Supplement for a Series of	Fiscal Years Beginning o	n October 1,	(YYYY) and Ending	on September 30,(YYYY)
Part 3. Information About	the Regional Cente	r		
(Use a continuation sheet, if needed principals, agents, individuals, or excenter.)				
A. Name of Regional Center: CMI	3 Export, LLC			
Street Address/P.O. Box: 781	9 42nd Street W.			
City: Rock Island		State: IL		Zip Code: 61201
Web site www.cmbeb5visa. Address:	Fax Numbe (include are	r ea code): ⁽⁸⁵⁵⁾ 85	2-5133 Telepho (include	ne area code): ⁽³⁰⁹⁾ 797-1550
B. Name of Managing Company/A	gency: CMB Export,	LLC		
Street Address/P.O. Box: 781	9 42nd Street W.			
City: Rock Island		State: IL		Zip Code: 61201
Web site Address: www.cmbeb5visa.	Fax Number (include are	(400)		ne (309) 797–1550 area code):
C. Name of Other Agent:				
Street Address/P.O. Box:				
Silver radicos r.o. Doz.			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
City:		State:		Zip Code:



Answer the following questions for the time period identified in **Part 2** of this form. **Note:** If extra space is needed to complete any item, attach a continuation sheet, indicate the item number, and provide the response.

1. Identify the aggregate EB-5 capital investment and job creation has been the focus of EB-5 capital investments sponsored through the regional center. (Note: Separately identify jobs maintained through investments in "troubled businesses.")

(b))(4)

Aggregate EB-5 Capital Investment	Aggregate Direct and Indirect Job Creation	Aggregate Jobs Maintained

2. Identify each industry that has been the focus of EB-5 capital investments sponsored through the Regional Center, and the resulting aggregate EB-5 capital investment and job creation. (Note: Separately identify jobs maintained through investments in "troubled businesses".)

a. Industry Category Title:		NAICS Code for the Industry Category
Construction		2 3
Aggregate EB-5 Capital Investment:	Aggregate Direct and Indirect Job Creation:	Aggregate Jobs Maintained:
b. Industry Category Title:		NAICS Code for the Industry Category
Aggregate EB-5 Capital Investment:	Aggregate Direct and Indirect Job Creation:	Aggregate Jobs Maintained:
c. Industry Category Title:		NAICS Code for the Industry Category
Aggregate EB-5 Capital Investment:	Aggregate Direct and Indirect Job Creation:	Aggregate Jobs Maintained:

3. Provide the following information for each job creating commercial enterprise located within the geographic scope of your regional center that has received EB-5 investor capital:

a. Name of Commercial Enterprise:		Industry Category Titl	e:		
CMB Infrastructure Investme	nt Group VIII	23			
Address (Street Number and Name):	City:		State:	Zip Code:	
7819 42nd Street W.	Rock Island		IL	61201	
Aggregate EB-5 Capital Investment:	Aggregate Direct and	Indirect Job Creation:	Aggregate Jo	obs Maintained	1:
Does this EB-5 commercial enterprise serv have or will create or maintain jobs for EB-		nent into other business	entities that	☐ No	× Yes

(b)(4)

	If yes, then identify the name and address of excreation/maintenance associated with each job		ss, as well as the amou	nt of EB-5 cap	pital investment and jo
	(1) Business Name:		Industry Category Ti	tle:	
	Real Estate Projects, LLC		23		
	Address (Street Number and Name):	City:		State:	Zip Code:
	3090 Olive Street, Suite 300	Dallas		TX	75219
(44)	EB-5 Capital Investment:	Direct and Indirect Jo	ob Creation:	Jobs Mainta	nined:
	(2) Business Name		Industry Category Ti	tle:	
	Address (Street Number and Name):	City:		State:	Zip Code:
	EB-5 Capital Investment:	Direct and Indirect Jo	bb Creation:	Jobs Mainta	ined:
	b. Name of Commercial Enterprise:		Industry Category Ti	tle:	
	CMB Infrastructure Investment	Group IX, LP	23		
	Address (Street Number and Name):	City:		State:	Zip Code:
	7819 42nd Street W.	Rock Island		II	61201
41) I	Aggregate EB-5 Capital Investment:	Aggregate Direct and	Indirect Job Creation:	Aggregate.	Jobs Maintained:
	Does this EB-5 commercial enterprise serve as have or will create or maintain jobs for EB-5 p If yes, then identify the name and address of e	ourposes? ach job creating busine			☐ No ☒ Yes
	creation/maintenance associated with each job	creating business.	T. 1	A1	
	(1) Business Name:		Industry Category Ti	ue:	

City:

Santa Monica

Direct and Indirect Job Creation

Address (Street Number and Name):

EB-5 Capital Investment

2425 Olympic Blvd., Suite 500

(b))(4)

Form I-924A 01/03/13 Y Page 3

Zip Code

90404

State:

Jobs Maintained

CA

(2) Business Name:		Industry Catego	ory Title:	
Address (Street Number and Name):	City:		State:	Zip Code:
EB-5 Capital Investment:	Direct and Indirect J	ob Creation:	Jobs Mai	ntained:
c. Name of Commercial Enterprise:		Industry Catego	ry Title:	***************************************
CMB Infrastructure Investment	Group XI, LP	23		
Address (Street Number and Name):	City:		State:	Zip Code:
7819 42nd Street W.	Rock Island		IL	61201
Aggregate EB-5 Capital Investment:	Aggregate Direct and	l Indirect Job Crea	tion: Aggregate	e Jobs Maintained:
Does this EB-5 commercial enterprise serve as that have or will create or maintain jobs for EE	3-5 purposes?			<u> </u>
that have or will create or maintain jobs for EE If yes, then identify the name and address of excreation/maintenance associated with each job	3-5 purposes? ach job creating busin	ess, as well as the a	amount of EB-5 c	
that have or will create or maintain jobs for EE If yes, then identify the name and address of er creation/maintenance associated with each job (1) Business Name:	3-5 purposes? ach job creating busing creating business.	ess, as well as the a	amount of EB-5 c	
that have or will create or maintain jobs for EE If yes, then identify the name and address of ecreation/maintenance associated with each job (1) Business Name: Cobra Energy Investment Finance	3-5 purposes? ach job creating business. ce, LLC	ess, as well as the a	amount of EB-5 c	apital investment ar
that have or will create or maintain jobs for EE If yes, then identify the name and address of ecreation/maintenance associated with each job (1) Business Name: Cobra Energy Investment Finance Address (Street Number and Name):	3-5 purposes? ach job creating busing creating business. ce, LLC City:	Industry Catego	amount of EB-5 c	
that have or will create or maintain jobs for EE If yes, then identify the name and address of ecreation/maintenance associated with each job (1) Business Name: Cobra Energy Investment Finance Address (Street Number and Name): Cardenal Marcelo Spinolla, 10	3-5 purposes? ach job creating busine creating business. ce, LLC City: 28016 Madrid,	Industry Catego	amount of EB-5 e ory Title: State:	apital investment ar
that have or will create or maintain jobs for EE If yes, then identify the name and address of ecreation/maintenance associated with each job (1) Business Name: Cobra Energy Investment Finance Address (Street Number and Name):	3-5 purposes? ach job creating busing creating business. ce, LLC City:	Industry Catego	amount of EB-5 c	apital investment ar
that have or will create or maintain jobs for EE If yes, then identify the name and address of ecreation/maintenance associated with each job (1) Business Name: Cobra Energy Investment Finance Address (Street Number and Name): Cardenal Marcelo Spinolla, 10	3-5 purposes? ach job creating busine creating business. ce, LLC City: 28016 Madrid,	Industry Catego	amount of EB-5 cory Title: State: Jobs Main	apital investment and Zip Code:
that have or will create or maintain jobs for EE If yes, then identify the name and address of ecreation/maintenance associated with each job (1) Business Name: Cobra Energy Investment Finance Address (Street Number and Name): Cardenal Marcelo Spinolla, 10 EB-5 Capital Investment:	3-5 purposes? ach job creating busines creating business. ce, LLC City: 28016 Madrid, Direct and Indirect Jo	Industry Catego 23 Spain ob Creation:	amount of EB-5 cory Title: State: Jobs Main	apital investment ar
that have or will create or maintain jobs for EE If yes, then identify the name and address of ecreation/maintenance associated with each job (1) Business Name: Cobra Energy Investment Finance Address (Street Number and Name): Cardenal Marcelo Spinolla, 10 EB-5 Capital Investment:	3-5 purposes? ach job creating busines creating business. ce, LLC City: 28016 Madrid, Direct and Indirect Jo	Industry Catego 23 Spain bb Creation:	amount of EB-5 cory Title: State: Jobs Main	apital investment ar
that have or will create or maintain jobs for EE If yes, then identify the name and address of ecreation/maintenance associated with each job (1) Business Name: Cobra Energy Investment Finance Address (Street Number and Name): Cardenal Marcelo Spinolla, 10 EB-5 Capital Investment: (2) Business Name: Cobra Energy Investment Finance	3-5 purposes? ach job creating busine creating business. ce, LLC City: 28016 Madrid, Direct and Indirect Jones, LLC	Industry Catego 23 Spain bb Creation:	amount of EB-5 cory Title: State: Jobs Main ry Title:	apital investment ar Zip Code: tained:
that have or will create or maintain jobs for EE If yes, then identify the name and address of ecreation/maintenance associated with each job (1) Business Name: Cobra Energy Investment Finance Address (Street Number and Name): Cardenal Marcelo Spinolla, 10 EB-5 Capital Investment: (2) Business Name: Cobra Energy Investment Finance Address (Street Number and Name):	3-5 purposes? ach job creating busines creating business. Ce, LLC City: 28016 Madrid, Direct and Indirect Jones, LLC City:	Industry Catego 23 Spain bb Creation: Industry Categor 23	State: State: State: State:	apital investment ar Zip Code: Zip Code: 90404

d. Name of Commercial Enterprise:			Industry Category Ti	tle:	
CMB Infrastructure Invest	tment	Group XIV, LP	23		
Address (Street Number and Name):		City:		State:	Zip Code:
7819 42nd Street W.		Rock Island		IL	61201
Aggregate EB-5 Capital Investment:		Aggregate Direct and	Indirect Job Creation:	Aggregate	Jobs Maintained:
Does this EB-5 commercial enterprise s that have or will create or maintain jobs			nt into other business e	entities	☐ No 🗵
If yes, then identify the name and addre job creation/maintenance associated wit			s, as well as the amour	nt of EB-5 ca	apital investment a
(1) Business Name:			Industry Category Ti	tle:	
Real Estate Projects - Re	esiden	tial I, LLC	23		
Address (Street Number and Name):		City:		State:	Zip Code:
3090 Olive Street, Suite	300	Dallas		TX	75219
				1	
EB-5 Capital Investment:		Direct and Indirect Jo	b Creation:	Jobs Main	tained:
EB-5 Capital Investment:		Direct and Indirect Jo	b Creation:	Jobs Main	tained:
EB-5 Capital Investment: (2) Business Name:		Direct and Indirect Jo	b Creation: Industry Category Tit		tained:
		Direct and Indirect Jo			Zip Code:
(2) Business Name:			Industry Category Tit	le:	Zip Code:
(2) Business Name: Address (Street Number and Name):		City:	Industry Category Tit	le: State: Jobs Main	Zip Code:
(2) Business Name: Address (Street Number and Name): EB-5 Capital Investment:		City:	Industry Category Tit	le: State: Jobs Main	Zip Code:

d. Name of Comme	rcial Enterprise:		Industry Category Ti	tle:	
CMB Infrasti	ructure Investment	Group XV, LP	23		
Address (Street N	fumber and Name):	City:	L	State:	Zip Code:
7819 42nd St	treet W.	Rock Island		IL	61201
Aggregate EB-5 (Capital Investment:	Aggregate Direct and	Indirect Job Creation:	Aggregate J	obs Maintained:
J					
	mercial enterprise serve as ate or maintain jobs for EE		nt into other business e	ntities	□ No 🗵
	the name and address of eanance associated with each		ss, as well as the amoun	nt of EB-5 capi	ital investment a
(1) Business Nam	e:		Industry Category Tit	tle:	
PCCP IRG Dow	vney, LLC & IRG Do	wney, LLC	23		
Address (Street N	(umber and Name):	City:		State:	Zip Code:
12214 Lakewo	ood Blvd.	Downey		CA	90242
EB-5 Capital Inve	estment:	Direct and Indirect Jo	b Creation:	Jobs Maintai	ined:
EB-5 Capital Inve	estment:	Direct and Indirect Jo	b Creation:	Jobs Maintai	ined:
EB-5 Capital Inve		Direct and Indirect Jo	b Creation: Industry Category Tit		ined:
(2) Business Name		Direct and Indirect Jo			Zip Code:
(2) Business Name	e: umber and Name):		Industry Category Tit	le:	Zip Code:
(2) Business Name	e: number and Name): estment:	City:	Industry Category Tit	State: Jobs Mainta	Zip Code:
(2) Business Name Address (Street N EB-5 Capital Inve	e: rumber and Name): estment: rcial Enterprise:	City:	Industry Category Tit	State: Jobs Mainta	Zip Code:

d. Name of Commercial Enterprise:		Industry Category Ti	tle:	
CMB Infrastructure Investme	ent Group XVIIILP	23		
Address (Street Number and Name):	City:	<u>I</u>	State:	Zip Code:
7819 42nd Street W.	Rock Isalnd		IL	61201
Aggregate EB-5 Capital Investment:	Aggregate Direct and	Indirect Job Creation:	Aggregate	e Jobs Maintained:
Does this EB-5 commercial enterprise serv that have or will create or maintain jobs for		nt into other business e	ntities	☐ No 🗵
If yes, then identify the name and address of job creation/maintenance associated with e		s, as well as the amour	nt of EB-5 ca	apital investment a
(1) Business Name:		Industry Category Ti	tle:	
Real Estate Projects - SF I	I, LLC	23		
Address (Street Number and Name):	City:	4	State:	Zip Code:
3090 Olive Street, Suite 30	Dallas		TX	75219
EB-5 Capital Investment:	Direct and Indirect Jo	b Creation:	Jobs Main	ntained:
(2) Business Name:		Industry Category Tit	le:	
(2) Business Name: Address (Street Number and Name):	City:	Industry Category Tit	State:	Zip Code:
	City: Direct and Indirect Jo		T	
Address (Street Number and Name):	· · · · · · · · · · · · · · · · · · ·		State: Jobs Main	
Address (Street Number and Name): EB-5 Capital Investment: e. Name of Commercial Enterprise:	Direct and Indirect Jo	b Creation:	State: Jobs Main	ntained:
Address (Street Number and Name): EB-5 Capital Investment:	· · · · · · · · · · · · · · · · · · ·	b Creation:	State: Jobs Main	

(Street Number and Name): 42nd Street W. te EB-5 Capital Investment:	City: Rock Island	23	State:	Zip Code:
12nd Street W.	Rock Island			'
			IL	61201
te EB-5 Capital Investment:	Aggregate Direct and			01201
		Indirect Job Creation:	Aggregate	e Jobs Maintained:
		nt into other business e	ntities	□ No ⊠
		ss, as well as the amoun	it of EB-5 ca	apital investment and
ess Name:		Industry Category Tit	le:	
state Projects - Resider	ntial II, LLC	23		
(Street Number and Name):	City:		State:	Zip Code:
olive Street, Suite 300	Dallas		TX	75219
pital Investment:	Direct and Indirect Jo	bb Creation:	Jobs Main	ntained:
less Name:		Industry Category Titl	le:	
(Street Number and Name):	City:		State:	Zip Code:
oital Investment:	Direct and Indirect Jo	b Creation:	Jobs Main	ntained:
Commercial Enterprise:		Industry Category Tit	le:	
		23		
frastructure Investment	Group XIII LP			
frastructure Investment Street Number and Name:	Group XIII LP City:		State:	Zip Code:
	<u> </u>		State:	Zip Code: 61201
	r will create or maintain jobs for EB identify the name and address of ear/maintenance associated with each less Name:	r will create or maintain jobs for EB-5 purposes? identify the name and address of each job creating business. Identify the name and address of each job creating business. Identify the name and address of each job creating business. Identify the name and address of each job creating business. Identify the name and address of each job creating business. Identify the name and substitute and indentify the properties of each job creating business. Identify the name and address of each job creating business. Identify the name and address of each job creating business. Identify the name and address of each job creating business. Identify the name and address of each job creating business. Identify the name and address of each job creating business. Identify the name and address of each job creating business. Identify the name and address of each job creating business. Identify the name and address of each job creating business. Identify the name and Name: Identify the name and address of each job creating business. Identify the name and Name: Identify the name and	r will create or maintain jobs for EB-5 purposes? identify the name and address of each job creating business, as well as the amount/maintenance associated with each job creating business. less Name: Industry Category Tit 23 (Street Number and Name): City: Dallas pital Investment: Direct and Indirect Job Creation: (Street Number and Name): City: Direct and Indirect Job Creation: (Street Number and Name): City: Direct and Indirect Job Creation:	identify the name and address of each job creating business, as well as the amount of EB-5 ch/maintenance associated with each job creating business. Industry Category Title: 23 (Street Number and Name): City: Dallas Direct and Indirect Job Creation: State: (Street Number and Name): City: Direct and Indirect Job Creation: State: (Street Number and Name): City: Direct and Indirect Job Creation: State: (Street Number and Name): Direct and Indirect Job Creation: Direct and Indirect Job Creation: State: Other Number and Name): Direct and Indirect Job Creation: Direct and Indirect Job Creation:

(1) Business Name:		Industry Catego	ory Title:	
REP Chino Projects, LLC		23		
Address (Street Number and Name):	City:		State:	Zip Code:
3090 Olive Street, Suite 300	Dallas		TX	75219
EB-5 Capital Investment:	Direct and Indire	ect Job Creation:	Jobs Mai	ntained:
EB-5 Capital Investment:	Direct and Indire	ect Job Creation:	Jobs Mai	ntained: (b))((4)
EB-5 Capital Investment: (2) Business Name:	Direct and Indire	ect Job Creation:		ntained: (b))(4)
(2) Business Name:			ny rme.	(b))(4)
	Direct and Indire			(b))(4) Zip Code:

4. Provide the total number of approved, denied and revoked Form I-526 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

	Form I-	526 Petition Final Ca	se Actions
	Approved	Denied	Revoked
(b))(4)			

5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (**Note:** If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

	Form I-	829 Petition Final Ca	se Actions
	Approved	Denied	Revoked
(b))(4)			

NOTE: USCIS may require case-specific data relating to individual EB-5 petitions and the job creation determination and further information regarding the allocation methodologies utilized by a regional center in certain instances in order to verify the aggregate data provided above.

••	•	mation on penalties in the instructions be on, he or she must compete Part 5 .	efore completing this section. If
submitted with it are all true a	nd correct. I authorize th	e United States of America, that this supplementer release of any information from my record the benefit being sought. I also certify that	ls that U.S. Citizenship and
Signature of Applicant	<i>(</i> ,	Printed Name of Applicant	Date (mm/dd/yyyy)
(CILITY	L	Patrick F. Hogan	12/09/2013
Daytime Phone Number (Area/Country Codes)		E-Mail Address	
3097971550		pat@cmbeb5visa.com	
Relationship to the Regiona	l Center Entity (Manag	ging Member, President, CEO, etc.)	
President			
<u></u>			
Dout 5 Cianature of De	Dungaring Th	is Form If Other Than Above (Sig	us Palasu)
		is Form, If Other Than Above (Sig	
I declare that I prepared this for the answers and information a		rovided by someone with authority to act on Regional Center.	behalf of the Regional Center, and
Attornay or Danresentative	In the event of a Reque	est for Evidence (RFE), may the USCIS cont	act
you by Fax or E-mail?	In the event of a reque	st for Evidence (RFE), may the obers con-	□ No □ Yes
Signature of Preparer		Printed Name of Preparer	Date (mm/dd/yyyy)
Firm Name and Address			
1 · 1	Fax Number (Area/ Country Codes)	E-Mail Address	

Department of Homeland Security U.S. Citizenship and Immigration Services

Form I-924A, Supplement to Form I-924

Part 1. Information About	Principal of the	Regio	nal Center			
Name: Last		First			Midd	le
Hogan		Patr	ick		Fran	ncis
In Care Of: CMB Export, LLC						
Street Address/P.O. Box: 7819 4	2nd Street W.					
City: Rock Island (b)(6)			State: IL		Zip	Code: 61201
Date of Birth (mm/dd/yyyy):	Fax Number (include area code):	(855)	852-5133		ne Number area code,): (309) 797 - 1550
Web site address: www.cmbeb5v	isa.com				,	
USCIS-assigned number for the De Regional Center's most recently issu	-	nter (a		035047	9/ RC I	D 1031910156
Part 2. Application Type (C	Check one)					
a. Supplement for the Fiscal Y	ear Ending Septembe	r 30,	2012 <i>(YYYY)</i>			
b. Supplement for a Series of I	Fiscal Years Beginnin	g on O	ectober 1, (Y	YYY) and	Ending or	September 30,(YYYY)
Part 3. Information About	the Regional Cer	ıter				Name 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
(Use a continuation sheet, if needed principals, agents, individuals, or encenter.)	•			-	-	_
A. Name of Regional Center: CMB	Export, LLC					
Street Address/P.O. Box: 781	9 42nd Street W	٧.				
City: Rock Island	Annanas i		State: IL			Zip Code: 61201
Web site Address: www.cmbeb5visa.	Fax Nun (include	nber <i>area c</i>	ode): ⁽³⁰⁹⁾ 797-	-1550	Telephone (include ar	ea code): (309) 797-1550
B. Name of Managing Company/A	gency: CMB Expor	t, LI	rc			
Street Address/P.O. Box: 781	9 42nd Street V	₹.				
City: Rock Island			State: IL			Zip Code: 61201
Web site Address: www.cmbeb5visa.	Fax Num (include		(855) 852- ode):		Telephone include ar	(309) 797-1550 ea code):
C. Name of Other Agent:						
Street Address/P.O. Box:						
City:	V		State:			Zip Code:
Web site Address:	Fax Num	****	Değiri inden ile eniye ile eniye ile e	1.	Telephone	·de):
			RCW1236			Form 1-924A (11/23/10)

1924A

maginger

12/27/2012

Answer the following questions for the time period identified in **Part 2** of this form. **Note:** If extra space is needed to complete any item, attach a continuation sheet, indicate the item number, and provide the response.

1. Identify the aggregate EB-5 capital investment and job creation has been the focus of EB-5 capital investments sponsored through the regional center. (Note: Separately identify jobs maintained through investments in "troubled businesses.")

(b) ((41)	Aggregate EB-5 Capital Investment	Aggregate Direct and Indirect Job Creation
, ,,,		

2. Identify each industry that has been the focus of EB-5 capital investments sponsored through the Regional Center, and the resulting aggregate EB-5 capital investment and job creation. (Note: Separately identify jobs maintained through investments in "troubled businesses".)

a. Industry Category Title: Construction		NAICS Code for the Industry Category 2 3 0 0 0 0
Aggregate EB-5 Capital Investment:	Aggregate Direct and Indirect Job Creation:	Aggregate Jobs Maintained:
b. Industry Category Title:		NAICS Code for the Industry Category
Aggregate EB-5 Capital Investment:	Aggregate Direct and Indirect Job Creation:	Aggregate Jobs Maintained:
c. Industry Category Title:		NAICS Code for the Industry Category
Aggregate EB-5 Capital Investment:	Aggregate Direct and Indirect Job Creation:	Aggregate Jobs Maintained:

3. Provide the following information for each job creating commercial enterprise located within the geographic scope of your regional center that has received EB-5 investor capital:

a. Name of Commercial Enterprise:		Industry Category Tit	le:	
CMB Infrastructure Investme	ent Group IV	Construction		
Address (Street Number and Name):	City:		State:	Zip Code:
7819 42nd Street W.	Rock Island		IL	61201
Aggregate EB-5 Capital Investment:	Aggregate Direct and	Indirect Job Creation:	Aggregate Jol	os Maintained:
Does this EB-5 commercial enterprise serv have or will create or maintain jobs for EB		nent into other business	entities that	☐ No ☒ Yes



Aggregate Jobs Maintained

Part 3.	Information	About	the Regional	Center	(Continued)
---------	-------------	-------	--------------	--------	-------------

(1) Business Name:		Industry Catego	ry Title:	
Inland Valley Development A	gency	Redevelopm	ent/Reuse Au	uthority
Address (Street Number and Name):	City:		State:	Zip Code:
1601 East Third Street	San Bernardin	10	CA	92408
EB-5 Capital Investment:	Direct and Indirect	Job Creation:	Jobs Main	ntained:
(2) Business Name		Industry Catego	ry Title:	
Address (Street Number and Name):	City:		State:	Zip Code:
EB-5 Capital Investment:	Direct and Indirect	Job Creation:	Jobs Main	itained:
b. Name of Commercial Enterprise: CMB Infrastructure Investmen	nt Group V	Industry Catego	-	
Address (Street Number and Name):	City:		State:	Zip Code:
7819 42nd Street W.	Rock Island		IL	61201
Aggregate EB-5 Capital Investment:	Aggregate Direct a	nd Indirect Job Crea	tion: Aggregat	e Jobs Maintaine
Does this EB-5 commercial enterprise serve have or will create or maintain jobs for EB-5 If yes, then identify the name and address of creation/maintenance associated with each jo	purposes? each job creating busine			□ No 🔀
(1) Business Name:		Industry Catego	ory Title:	
Inland Valley Development A	gency	Redevelopm	ent/Reuse Au	uthority
Address (Street Number and Name):	City:		State:	Zip Code
1601 East Third Street	San Bernardir	10	CA	92408
	Direct and Indirect	·	Jobs Mai	



	(2) Business Name:		Industry Category Ti	tle:	
	Address (Street Number and Name):	City:		State:	Zip Code:
	EB-5 Capital Investment:	Direct and Indirect J	ob Creation:	Jobs Mai	ntained:
	c. Name of Commercial Enterprise:	, , , , , , , , , , , , , , , , , , ,	Industry Category Ti	tle:	
1	CMB Infrastructure Investment	Group VI-A	Construction		
ľ	Address (Street Number and Name):	City:		State:	Zip Code:
	7819 42nd Street W.	Rock Island		IL	61201
ľ	Aggregate EB-5 Capital Investment:	Aggregate Direct and	Indirect Job Creation:	Aggregate	Jobs Maintained:
1					
	Does this EB-5 commercial enterprise serve as that have or will create or maintain jobs for EB If yes, then identify the name and address of ea creation/maintenance associated with each job	8-5 purposes? ach job creating busine	ss, as well as the amou	nt of EB-5 ca	□ No 🔀
	that have or will create or maintain jobs for EB If yes, then identify the name and address of ea creation/maintenance associated with each job (1) Business Name:	3-5 purposes? ach job creating busine creating business.	ss, as well as the amoun	nt of EB-5 ca	apital investment a
	that have or will create or maintain jobs for EB If yes, then identify the name and address of ea creation/maintenance associated with each job (1) Business Name: Inland Valley Development Agen	ach job creating busine creating business.	ss, as well as the amou	nt of EB-5 ca	thority
	that have or will create or maintain jobs for EB If yes, then identify the name and address of ea creation/maintenance associated with each job (1) Business Name:	3-5 purposes? ach job creating busine creating business.	Industry Category Ti	nt of EB-5 ca tle: 'Reuse Au	apital investment a
	that have or will create or maintain jobs for EB If yes, then identify the name and address of ea creation/maintenance associated with each job (1) Business Name: Inland Valley Development Ager Address (Street Number and Name):	ach job creating busine creating business.	Industry Category Ti	tle: 'Reuse Au State:	thority Zip Code: 92408
	that have or will create or maintain jobs for EB If yes, then identify the name and address of ea creation/maintenance associated with each job (1) Business Name: Inland Valley Development Ager Address (Street Number and Name): 1601 East Third Street	ach job creating busines creating business. City: San Bernarding	Industry Category Ti	tle: 'Reuse Au State: CA Jobs Main	thority Zip Code: 92408
	that have or will create or maintain jobs for EB If yes, then identify the name and address of ea creation/maintenance associated with each job (1) Business Name: Inland Valley Development Ager Address (Street Number and Name): 1601 East Third Street EB-5 Capital Investment:	ach job creating busines creating business. City: San Bernarding	Industry Category Ti Redevelopment	tle: /Reuse Au State: CA Jobs Main	thority Zip Code: 92408 tained:
	that have or will create or maintain jobs for EB If yes, then identify the name and address of ea creation/maintenance associated with each job (1) Business Name: Inland Valley Development Ager Address (Street Number and Name): 1601 East Third Street EB-5 Capital Investment: (2) Business Name:	ach job creating busines creating business. City: San Bernarding	Industry Category Ti Redevelopment/ bb Creation: Industry Category Tit	tle: /Reuse Au State: CA Jobs Main	thority Zip Code: 92408 tained:
	that have or will create or maintain jobs for EB If yes, then identify the name and address of ea creation/maintenance associated with each job (1) Business Name: Inland Valley Development Ager Address (Street Number and Name): 1601 East Third Street EB-5 Capital Investment: (2) Business Name: McClellan Business Park	ach job creating busines creating business. City: San Bernarding Direct and Indirect Je	Industry Category Ti Redevelopment/ bb Creation: Industry Category Tit Redevelopment/	tle: 'Reuse Au State: CA Jobs Main le: Reuse Au	thority Zip Code: 92408 tained:
	that have or will create or maintain jobs for EB If yes, then identify the name and address of ea creation/maintenance associated with each job (1) Business Name: Inland Valley Development Ager Address (Street Number and Name): 1601 East Third Street EB-5 Capital Investment: (2) Business Name: McClellan Business Park	ach job creating busines creating business. City: San Bernarding Direct and Indirect Je	Industry Category Ti Redevelopment/ bb Creation: Industry Category Tit	tle: 'Reuse Au State: CA Jobs Main le: Reuse Au	thority Zip Code: 92408 tained:

VIA

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[
	Aggregate EB-5 Capital Investment:		ad Indirect Job Creation:		Jobs Maintained:
	Address Street Number and Name: 7819 42nd Street W	City: Rock Island		State:	Zip Code: 61201
			Construction	State	7:- 0 1
	e. Name of Commercial Enterprise: CMB Infrastructure Investment	Group VI-C	Industry Category Ti	tle:	
	EB-5 Capital Investment:	Direct and Indirect	Job Creation:	Jobs Main	tained:
	Address (Street Number and Name):	City:		State:	Zip Code:
	(2) Business Name:		Industry Category Tit	le:	
(44)	EB-5 Capital Investment:	Direct and Indirect	Job Creation:	Jobs Main	tained:
7.4 4	3140 Peacekeeper Way		11.0	CA	95652
	Address (Street Number and Name):	City:		State:	Zip Code:
	McClellan Business Park		Redevelopment/		-
	(1) Business Name:		Industry Category Ti		
	If yes, then identify the name and address of each job creation/maintenance associated with each j				apital investment and
	Does this EB-5 commercial enterprise serve as that have or will create or maintain jobs for EB		nent into other business e	entities	□ No 🗶
14)	Aggregate EB-5 Capital Investment:	Aggregate Direct an	nd Indirect Job Creation:	Aggregate	Jobs Maintained:
	7819 42nd Street W.	Rock Island		IL	61201
	Address (Street Number and Name):	City:		State:	Zip Code:
	CMB Infrastructure Investment	Group VI-B	Construction		
	d. Name of Commercial Enterprise:		Industry Category Ti	uc.	



	d. Name of Commercial Enterprise:		Industry Category T	itle:	
	CMB Infrastructure Investment	Group VII	Construction		
	Address (Street Number and Name):	City:		State:	Zip Code:
	7819 42nd Street W.	Rock Island		IL	61201
_	Aggregate EB-5 Capital Investment:	Aggregate Direct an	d Indirect Job Creation	Aggregate	e Jobs Maintained
	Does this EB-5 commercial enterprise serve as that have or will create or maintain jobs for EB		ent into other business	entities	☐ No 🗵
	If yes, then identify the name and address of ear job creation/maintenance associated with each j			int of EB-5 ca	apital investment
	(1) Business Name:		Industry Category T	itle:	
	BrightSource		Utilities		
	Address (Street Number and Name):	City:		State:	Zip Code:
	1999 Harrison Street, Ste 2150	Oakland		CA	94612
	2555 Harrison Scrott, 500 2100	Odkiana		011	3.0.2
	EB-5 Capital Investment:	Direct and Indirect	Job Creation:	Jobs Main	
ſ			Job Creation:		
			Job Creation: Industry Category Ti	Jobs Main	
	EB-5 Capital Investment:			Jobs Main	
	EB-5 Capital Investment: (2) Business Name:	Direct and Indirect	Industry Category Ti	Jobs Main	Zip Code:
	EB-5 Capital Investment: (2) Business Name: Address (Street Number and Name):	Direct and Indirect	Industry Category Ti	Jobs Main tle: State: Jobs Main	Zip Code:
	EB-5 Capital Investment: (2) Business Name: Address (Street Number and Name): EB-5 Capital Investment: e. Name of Commercial Enterprise:	Direct and Indirect	Industry Category Ti	Jobs Main tle: State: Jobs Main	Zip Code:
	EB-5 Capital Investment: (2) Business Name: Address (Street Number and Name): EB-5 Capital Investment: e. Name of Commercial Enterprise:	City: Direct and Indirect.	Industry Category Ti	Jobs Main tle: State: Jobs Main itle:	Zip Code:



d. Name of Commercial Enterprise:		Industry Catego	ry Title:	
CMB Infrastructure Inves	tment Group VIII	Constructi	on	2
Address (Street Number and Name):	City:		State:	Zip Code:
7819 42nd Street W.	Rock Island		IL	61201
Aggregate EB-5 Capital Investment:	Aggregate Direct	and Indirect Job Crea	tion: Aggregate	e Jobs Maintain
Does this EB-5 commercial enterprise s that have or will create or maintain jobs	s for EB-5 purposes?			☐ No
If yes, then identify the name and addre job creation/maintenance associated with			mount of EB-5 c	apital investme
(1) Business Name:		Industry Catego	ry Title:	
Real Estate Projects - Hi	illwood Developmer	nt Construction	on	
Address (Street Number and Name):	City:		State:	Zip Code
3090 Olive Street	Dallas		TX	75010
	Dallas		17	75219
EB-5 Capital Investment:	Direct and Indire	ect Job Creation:	Jobs Mair	
		ect Job Creation:	.,	
		ect Job Creation: Industry Categor	Jobs Mair	
EB-5 Capital Investment:			Jobs Mair	
EB-5 Capital Investment: (2) Business Name:	Direct and Indire	Industry Categor	Jobs Mair y Title:	Zip Code
EB-5 Capital Investment: (2) Business Name: Address (Street Number and Name):	Direct and Indire	Industry Categor	Jobs Mair y Title: State: Jobs Mair	Zip Code
EB-5 Capital Investment: (2) Business Name: Address (Street Number and Name): EB-5 Capital Investment:	Direct and Indire	Industry Categor	Jobs Mair y Title: State: Jobs Mair	Zip Code



(1) Business Name:		Industry Catego	ory Title:	
McClellan Business Park		Constructi	on	
Address (Street Number and Name):	City:	<u>L</u>	State:	Zip Code
3140 Peacekeeper Way	McClellan		CA	95652
EB-5 Capital Investment:	Direct and Indirect Jo		Jobs Mai	ntained:
EB-5 Capital Investment: (2) Business Name:	Direct and Indirect Jo	ob Creation: Industry Catego		ntained:
·		Industry Catego		
(2) Business Name:		Industry Catego	ry Title:	ıthortiy
(2) Business Name: San Bernardino Economic Dev	velopment Agency	Industry Catego	ory Title: ent/Reuse Au	

4. Provide the total number of approved, denied and revoked Form I-526 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

	Form 1-526 Petition Final Case Actions		
	Approved	Denied	Revoked
(b) ((4)			
		<u> -</u>	

5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

	Form 1-829 Petition Final Case Actions		
_	Approved	Denied	Revoked
(b))(4)			
`			

NOTE: USCIS may require case-specific data relating to individual EB-5 petitions and the job creation determination and further information regarding the allocation methodologies utilized by a regional center in certain instances in order to verify the aggregate data provided above.



Part 4.	Applicant Signature	Read the information on penalties in the instructions before completing this section. If
	someone helped you prep	vare this petition, he or she must compete Part 5 .

I certify, under penalty of perjury under the laws of the United States of America, that this supplemental form and the evidence submitted with it are all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit being sought. I also certify that I have authority to act on behalf of the Regional Center.

Signature of Applicant	- //	Printed Name of Applicant	Date (mm/dd/yyyy)
[/ Jul ()	The same of the sa	Patrick F. Hogan	12/20/2012
Daytime Phone Number		E-Mail Address	
(Area/Country Codes) 309-797-1550		pat@cmbeb5visa.com	
Relationship to the Region	onal Center Entity (Mana	ging Member, President, CEO, etc.)	
President			
	69.43		
Part 5. Signature of	Person Preparing Th	nis Form, If Other Than Above (Sign	n Below)
I declare that I prepared thi the answers and informatio	-	rovided by someone with authority to act on be Regional Center.	pehalf of the Regional Center, and
Attorney or Representati you by Fax or E-mail?	ve: In the event of a Reque	est for Evidence (RFE), may the USCIS contact	ct No Yes
Signature of Preparer		Printed Name of Preparer	Date (mm/dd/yyyy)
Firm Name and Address			
Daytime Phone Number (Area/Country Codes)	Fax Number (Area/ Country Codes)	E-Mail Address	
	1		



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APR 11 2016	F RCW1419851816 egarcia2 1924 07/17/2014
7947 As Chisenship and Immiordion Services	G-28 attached Attorney's State License No. 146597/157532

7947 2.6 Chizanship and Ime	nigration Services	G-28 attached Attorney's State I 146597/1575:	icense No.
Part 1. Information Abo	ant Principal of the	Regional Center	
Name: Last	out I interpat of the	First	Middle
Hogan		Patrick	Francis
C/O: CMB Export LLC			
Street Address/P.O. Box: 781	.9 42nd Street Wes	st	
City: Rock Island	(b)(6)	State: IL	Zip Code: 61201
Date of Birth (mm/dd/yyyy):	Fax Numb (include ar	er rea code): (309) 797-1655	Felephone Number include area code): (309) 797-1550
Part 2. Application Type a. Initial Application for I b. Amendment to an appro	Designation as a Regional		on receipt number, if any (also attach the
Regional Center's previo		quest for review of exem	plar I-526 petition
		ion for additional management com be involved in the management, over	panies/agencies, Regional Center ersight, and administration of the regional
A. Name of Regional Center:	CMB Export LLC		
Street Address/P.O. Box:	7819 42nd Street	West	
City: Rock Island		State: IL	Zip Code: 61201
Web site address: www.cmbeb5visa.com		Fax Number (include area code): (309) 797-1655	Telephone Number (include area code): (309) 797-1550
		<u> </u>	

3. Name of Managing Company/Agency: CMB	Export LLC		
Street Address/P.O. Box: 7819 42nd St	***		
City: Rock Island	State: IL		Zip Code: 61201
Web site address:	Fax Number (include area code)	· Telephone l	1 -
www.cmbeb5visa.com	(309) 797–1655		97-1550
C. Name of Other Agent:			
Street Address/P.O. Box:			
City:	State:		Zip Code:
Web site address:	Fax Number (include area code)	: Telephone N	Number (include area code)
N/A		ninistration of	

Part 3. Information About the Regional Center (Continued)			
Note: If extra space is needed to complete any item, attach a continuation sheet, indicate the item number, and provide the response.			
1a. Describe the structure, ownership and control of the regional center entity.			
CMB Export LLC is a limited liability company, ownership of which is held 50% by the Patrick F. Hogan Trust, and 50% by the Joan L. Hogan Trust, Patrick F. Hogan, Managing Member.			
b. Date the Regional Center was established(mm/dd/yyyy): 08/15/1997			
c. Organization Structure for the Regional Center:			
1. Agency of a U.S. State or Territory (identify)			
2. Corporation			
3. Partnership (including Limited Partnership)			
X 4. Limited Liability Company (LLC)			
5. Other (Explain)			
2. Has this regional center's designation ever been formally terminated by USCIS, or has the regional center ever filed a Form I-924 or regional center proposal or amendment that was denied?			
No Yes - Attach a copy of the adverse decision, with an explanation, the date of decision, and case number, if any.			
3. Describe the geographic area of the regional center. Note: This area must be contiguous. Provide a map of the geographic area.			
Per USCIS letter (dated June 10, 2010), CMB Export LLC has authorization to operate within the entire State of California, including San Bernardino County. The Project(Orange Show Road or Alliance California), which CMB Export Infrastructure Investment Group XVII, LP is funding with EB-5 capital of \$16 million is located in San Bernardino County.			
4. Describe the regional center's administration, oversight, and management functions that are or will be in place to monitor all EB-5 capital investment activities and the allocation of the resulting jobs created or maintained under the sponsorship of the regional center.			
CMB Export LLC has been operating as a regional center for over fifteen years, and throughout this period, has properly complied with all monitoring and reporting requirements. Patrick Hogan is familiar with all USCIS requirements to maintain CMB Export LLC's regional center designation. Additionally, CMB Export LLC has several full-time employees to assist with the monitoring and reporting requirements for USCIS.			

Part 3. Information About the Regional Center	(Continued)
activity, along with evidence of the funds committed to the	s for the regional center. Include a description of the budget for this regional center for promotional activities. Submit a plan of operation vill be recruited, the method(s) by which the capital investment will subscribe or commit to the investment interest.
6. Describe whether and how the regional center is engaged in source of capital and the alien investor's ability to fully invergence plans in this regard if they differ from past practice. CMB Export LLC regularly conducts due dilateration.	
7. Identify each industry that has or will be the focus of EB-5	capital investments sponsored through the regional center.
Industry Category Title: Construction	Is the Form I-924 application supported by an economic analysis and underlying business plan for the determination of prospective EB-5 job creation through EB-5 investments in this industry category?
NAICS Code for the Industry Category: 2 3 0 0 0 0 — — — — — —	☐ No - Attach an explanation X Yes
Industry Category Title:	Is the Form I-924 application supported by an economic analysis and underlying business plan for the determination of prospective EB-5 job creation through EB-5 investments in this industry category?
NAICS Code for the Industry Category:	☐ No - Attach an explanation ☐ Yes
Industry Category Title:	Is the Form I-924 application supported by an economic analysis and underlying business plan for the determination of prospective EB-5 job creation through EB-5 investments in this industry category?
NAICS Code for the Industry Category:	☐ No - Attach an explanation ☐ Yes

8a. Describe and document the current and/or prospective st EB-5 alien investors have or will make their capital inve		nercial entity(s) in which the
CMB Export LLC is seeking approval of an exempenterprise - CMB Export Infrastructure Investmentation documents, as the General Partner, Chinvestors will collectively own the remaining	nent Group XVII, LP. As reflected in 1B Export LLC owns 20% of this enterp	the attached exemplar orise. The EB-5
b. Date commercial enterprise established, if any (mm/dd/	yyyy): <u>12/31/2013</u>	
c. Organization Structure for commercial enterprise:		
1. Corporation		
2. Partnership (including Limited Partnership)		
3. Limited Liability Company (LLC)		
4. Other (Explain)		
d. Has or will the Regional Center or any of its principals	or agents have an equity stake in the commer	cial enterprise?
No X Yes - Attach an explanation and documen will be paid.	ntation that outlines when and under what circ	numstances these remittances
e. Has or will the Regional Center or any of its principals through EB-5 capital investment activities from this correquired of the EB-5 alien entrepreneurs?	-	
No X Yes - Attach an explanation and documen will be paid.	station that outlines when and under what circ	eumstances these remittances
Part 4. Applicant Signature Read the information someone helped you prepare this petition, he		completing this section. If
certify, under penalty of perjury under the laws of the Unit Ill true and correct. I authorize the release of any information of determine eligibility for the benefit being sought. I also co	on from my records that U.S. Citizenship and	Immigration Services needs
Signature of Applicant	Daytime Phone Number	Date (mm/dd/yyyy)
Schot To	(Area/Country Codes) (309) 797-1550	06/17/2014
Printed Name of Applicant	E-Mail Address	
Patrick F. Hogan	pat@cmbeb5visa.com	
		<u> </u>
Relationship to the Regional Center Entity (Managing N	Aember, President, CEO, etc.)	

Part 5. Signature of Person Preparing This Form, If Other Than Above (Sign Below)

I declare that I prepared this application using information provided by someone with authority to act on behalf of the Regional Center, and the answers and information provided by the Regional Center.

Attorney or Representative: In the event of a Request for Evidence (RFE), may the USCIS contact you by Fax or E-mail?

☐ No X Yes

Signature of Preparer

Printed Name of Preparer

Date (mm/dd/yyyy)

mataudlet

Lincoln Stone / Michele Franchett

7.15.201

Firm Name and Address

Stone Grzegorek & Gonzalez LLP

800 Wilshire Blvd., Suite 900, Los Angeles, CA 90017

Daytime Phone Number

Fax Number (Area/ Country Codes) E-Mail Address

(Area/Country Codes)

(213) 627-8998

Michele@sggimmigration.com;

(213) 627-8997