

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

Name: Last	First	Middle
Hogan	Patrick	Francis

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

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".)

(b)(4)	a. Industry Category Title: Construction		NAICS Code for the Industry Category 2 3	
	Aggregate EB-5 Capital Investment:	Aggregate Direct and Indirect Job Creation:	Aggregate Jobs Maintained:	
(b)(4)	b. Industry Category Title:		NAICS Code for the Industry Category	
	Aggregate EB-5 Capital Investment:	Aggregate Direct and Indirect Job Creation:	Aggregate Jobs Maintained:	
(b)(4)	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: CMB Infrastructure Investment Group XI, LP		Industry Category Title: 23	
Address (Street Number and Name): 7819 42nd Street W.	City: Rock Island	State: IL	Zip Code: 61201
Aggregate EB-5 Capital Investment:	Aggregate Direct and Indirect Job Creation:	Aggregate Jobs Maintained:	
(b)(4)			
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? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			

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

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: Cobra Energy Investments Finance, LLC		Industry Category Title: 23	
Address (Street Number and Name): Cardenal Marcelo Spinolla, 10	City: 28016 Madrid, Spain	State:	Zip Code:
EB-5 Capital Investment:	Direct and Indirect Job Creation:	Jobs Maintained:	
<div style="background-color: black; height: 20px; width: 100%;"></div>			
(2) Business Name: Cobra Energy Investments Finance, LLC		Industry Category Title: 23	
Address (Street Number and Name): 425 Olympic Blvd, Suite 500E	City: Santa Monica	State: CA	Zip Code: 90404
EB-5 Capital Investment: See above	Direct and Indirect Job Creation: See above	Jobs Maintained: See above	

b. Name of Commercial Enterprise: CMB Infrastructure Investment Group XII, LP		Industry Category Title: 23	
Address (Street Number and Name): 7819 42nd Street W.	City: Rock Island	State: IL	Zip Code: 61201
Aggregate EB-5 Capital Investment:	Aggregate Direct and Indirect Job Creation:	Aggregate Jobs Maintained:	
<div style="background-color: black; height: 20px; width: 100%;"></div>			

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? ☐ No ☒ Yes

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: Real Estate Projects - Residential II, LLC		Industry Category Title: 23	
Address (Street Number and Name): 3090 Olive Street, Suite 300	City: Dallas	State: TX	Zip Code: 75219
EB-5 Capital Investment	Direct and Indirect Job Creation	Jobs Maintained	
<div style="background-color: black; height: 20px; width: 100%;"></div>			

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

(2) 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:	

c. Name of Commercial Enterprise:		Industry Category Title:	
CMB Infrastructure Investment 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 Creation:	Aggregate Jobs Maintained:	

(b)(4) 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? ☐ No ☒ Yes

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:	
Real Estate Projects - SF II, 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 Job Creation:	Jobs Maintained:	

(2) 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:	

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

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:	
Address (Street Number and Name):	City:	State:	Zip Code:
EB-5 Capital Investment:	Direct and Indirect Job Creation:	Jobs Maintained:	

b. Name of Commercial Enterprise:		Industry Category Title:	
CMB Export Infrast. Invest. Group 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 as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ No ☒ Yes

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:	
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 Job Creation	Jobs Maintained	

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

(2) 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:	

c. Name of Commercial Enterprise: CMB Export Infrast. Invest. Group 23, LP		Industry Category Title: 23	
Address (Street Number and Name): 7819 42nd Street W.	City: Rock Island	State: IL	Zip Code: 61201
Aggregate EB-5 Capital Investment:	Aggregate Direct and Indirect Job Creation:	Aggregate Jobs Maintained:	

(b)(4)

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? ☐ No ☒ Yes

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: RE Projects - Davis, LLC		Industry Category Title: 23	
Address (Street Number and Name): 3090 Olive Street, Suite 300	City: Dallas	State: TX	Zip Code: 75219
EB-5 Capital Investment:	Direct and Indirect Job Creation:	Jobs Maintained:	

(b)(4)

(2) Business Name: RE Projects - Redlands, LLC		Industry Category Title: 23	
Address (Street Number and Name): 3090 Olive Street, Suite 300	City: Dallas	State: TX	Zip Code: 75219
EB-5 Capital Investment:	Direct and Indirect Job Creation:	Jobs Maintained:	

(b)(4)

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

d. Name of Commercial Enterprise: CMB Export Infrast. Invest. Group XVII, LP		Industry Category Title: 23	
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Address (Street Number and Name): 7819 42nd Street W.	City: Rock Island	State: IL	Zip Code: 61201
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Aggregate EB-5 Capital Investment:	Aggregate Direct and Indirect Job Creation:	Aggregate Jobs Maintained:
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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? ☐ No ☒ Yes

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: RE Projects - OSR, LLC	Industry Category Title: 23
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Address (Street Number and Name): 3090 Olive Street, Suite 300	City: Dallas	State: TX	Zip Code: 75219
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EB-5 Capital Investment:	Direct and Indirect Job Creation:	Jobs Maintained:
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(2) Business Name:	Industry Category Title:
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Address (Street Number and Name):	City:	State:	Zip Code:
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EB-5 Capital Investment:	Direct and Indirect Job Creation:	Jobs Maintained:
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e. Name of Commercial Enterprise:	Industry Category Title:
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Address Street Number and Name:	City:	State:	Zip Code:
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Aggregate EB-5 Capital Investment:	Aggregate Direct and Indirect Job Creation:	Aggregate Jobs Maintained:
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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? ☐ No ☐ Yes

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

d. Name of Commercial Enterprise: CMB Infrastructure Investment Group XVI, LLC		Industry Category Title: 23	
Address (Street Number and Name): 7819 42nd Street W.	City: Rock Island	State: IL	Zip Code: 612010
Aggregate EB-5 Capital Investment:	Aggregate Direct and Indirect Job Creation:	Aggregate Jobs Maintained:	

(b)(4) 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?

☐ No ☒ Yes

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: GWGG, LLC		Industry Category Title: 23	
Address (Street Number and Name): 2725 Rocky Mountain Avenue	City: Loveland	State: CO	Zip Code: 80538
EB-5 Capital Investment:	Direct and Indirect Job Creation:	Jobs Maintained:	

(2) 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:	

e. Name of Commercial Enterprise: CMB Export Infrast. Invest. Group 28, LP		Industry Category Title: 23	
Address Street Number and Name: 7819 42nd Street W.	City: Rock Island	State: IL	Zip Code: 61201
Aggregate EB-5 Capital Investment:	Aggregate Direct and Indirect Job Creation:	Aggregate Jobs Maintained:	

(b)(4) 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?

☐ No ☒ Yes



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

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: Marina Village Associates, LLC		Industry Category Title: 23	
Address (Street Number and Name): 1999 Avenue of the Stars	City: Los Angeles	State: CA	Zip Code: 90067
EB-5 Capital Investment:	Direct and Indirect Job Creation:	Jobs Maintained:	
(2) 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:

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

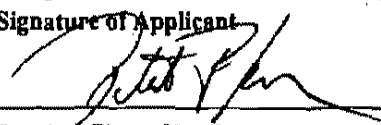
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

Form I-829 Petition Final Case Actions		
Approved	Denied	Revoked

**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 prepare this petition, he or she must complete 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 Patrick F. Hogan	Date (mm/dd/yyyy) 12/15/2014
Daytime Phone Number (Area/Country Codes) (309) 797-1550	E-Mail Address pat@cmbcb5visa.com	
Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) Managing Member		

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

I declare that I prepared this form using information provided by someone with authority to act on behalf of the Regional Center, and the answers and information are those 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	Date (mm/dd/yyyy)
Firm Name and Address			
Daytime Phone Number (Area/Country Codes)	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 Regional Center**

Name: Last Hogan	First Patrick	Middle Francis
In Care Of: CMB Export, LLC		
Street Address/P.O. Box: 7819 42nd Street W.		
City: Rock Island (b)(6)	State: IL	Zip Code: 61201
Date of Birth (mm/dd/yyyy): <span style="border: 1px solid black; padding: 2px;"> </span>	Fax Number (include area code): (855) 852-5133	Telephone Number (include area code): (309) 797-1550
Web site address: www.cmbeb5visa.com		

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW1234250844

**Part 2. Application Type (check one)**

- ☒ a. Supplement for the Fiscal Year Ending September 30, 2013 (YYYY)
- ☐ b. Supplement for a Series of Fiscal Years Beginning on October 1, \_\_\_\_\_ (YYYY) and Ending on September 30, \_\_\_\_\_ (YYYY)

**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 W.		
City: Rock Island	State: IL	Zip Code: 61201
Web site Address: www.cmbeb5visa.com	Fax Number (include area code): (855) 852-5133	Telephone (include area code): (309) 797-1550

**B. Name of Managing Company/Agency: 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 code): (855) 852-5133	Telephone (include area code): (309) 797-1550

**C. Name of Other Agent:**

Street Address/P.O. Box:		
City:	State:	Zip Code:
Web site Address:	Fax Number (include area code):	Telephone (include area code):

  
**RCW1400251577**  
maginger 1924A 12/26/2013

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

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: Construction		NAICS Code for the Industry Category 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: CMB Infrastructure Investment Group VIII		Industry Category Title: 23	
Address (Street Number and Name): 7819 42nd Street W.	City: Rock Island	State: IL	Zip Code: 61201
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 that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			

(b)(4)

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

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:

Real Estate Projects, LLC

Industry Category Title:

23

Address (Street Number and Name):

3090 Olive Street, Suite 300

City:

Dallas

State:

TX

Zip Code:

75219

EB-5 Capital Investment:

Direct and Indirect Job Creation:

Jobs Maintained:

(2) 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:

b. Name of Commercial Enterprise:

CMB Infrastructure Investment Group IX, LP

Industry Category Title:

23

Address (Street Number and Name):

7819 42nd Street W.

City:

Rock Island

State:

IL

Zip Code:

61201

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 that have or will create or maintain jobs for EB-5 purposes?

☐ No

☒ Yes

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:

SolarReserve CSP Finance, LLC

Industry Category Title:

23

Address (Street Number and Name):

2425 Olympic Blvd., Suite 500

City:

Santa Monica

State:

CA

Zip Code:

90404

EB-5 Capital Investment

Direct and Indirect Job Creation

Jobs Maintained

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

(2) 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:	

c. Name of Commercial Enterprise:		Industry Category 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 Indirect Job Creation:	Aggregate Jobs Maintained:	

(b)(4)

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?

☐ No ☒ Yes

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:	
Cobra Energy Investment Finance, 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 Job Creation:	Jobs Maintained:	

(b)(4)

(2) Business Name:		Industry Category Title:	
Cobra Energy Investment Finance, 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 Job Creation:	Jobs Maintained:	
See above	See above	See above	

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

d. Name of Commercial Enterprise: CMB Infrastructure Investment Group XIV, LP		Industry Category Title: 23	
Address (Street Number and Name): 7819 42nd Street W.	City: Rock Island	State: IL	Zip Code: 61201
Aggregate EB-5 Capital Investment:	Aggregate Direct and Indirect Job Creation:	Aggregate Jobs Maintained:	

(b)(4) 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? ☐ No ☒ Yes

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: Real Estate Projects - Residential I, LLC		Industry Category Title: 23	
Address (Street Number and Name): 3090 Olive Street, Suite 300	City: Dallas	State: TX	Zip Code: 75219
EB-5 Capital Investment:	Direct and Indirect Job Creation:	Jobs Maintained:	

(2) 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:	

e. 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 that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes			

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

<b>d. Name of Commercial Enterprise:</b> CMB Infrastructure Investment Group XV, LP		<b>Industry Category Title:</b> 23	
<b>Address (Street Number and Name):</b> 7819 42nd Street W.	<b>City:</b> Rock Island	<b>State:</b> IL	<b>Zip Code:</b> 61201
<b>Aggregate EB-5 Capital Investment:</b>	<b>Aggregate Direct and Indirect Job Creation:</b>	<b>Aggregate Jobs Maintained:</b>	

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? ☐ No ☒ Yes

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.

<b>(1) Business Name:</b> PCCP IRG Downey, LLC & IRG Downey, LLC		<b>Industry Category Title:</b> 23	
<b>Address (Street Number and Name):</b> 12214 Lakewood Blvd.	<b>City:</b> Downey	<b>State:</b> CA	<b>Zip Code:</b> 90242
<b>EB-5 Capital Investment:</b>	<b>Direct and Indirect Job Creation:</b>	<b>Jobs Maintained:</b>	

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

<b>e. Name of Commercial Enterprise:</b>		<b>Industry Category Title:</b>	
<b>Address Street Number and Name:</b>	<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Aggregate EB-5 Capital Investment:</b>	<b>Aggregate Direct and Indirect Job Creation:</b>	<b>Aggregate Jobs Maintained:</b>	
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? <input type="checkbox"/> No <input type="checkbox"/> Yes			



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

d. Name of Commercial Enterprise: CMB Infrastructure Investment Group XVIII LP		Industry Category Title: 23	
Address (Street Number and Name): 7819 42nd Street W.	City: Rock Island	State: IL	Zip Code: 61201
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 that have or will create or maintain jobs for EB-5 purposes? ☐ No ☒ Yes

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: Real Estate Projects - SF II, LLC		Industry Category Title: 23	
Address (Street Number and Name): 3090 Olive Street, Suite 300	City: Dallas	State: TX	Zip Code: 75219
EB-5 Capital Investment:	Direct and Indirect Job Creation:	Jobs Maintained:	

(2) 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:	

e. 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 that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes			

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

d. Name of Commercial Enterprise: CMB Infrastructure Investment Group XII, LP		Industry Category Title: 23	
Address (Street Number and Name): 7819 42nd Street W.	City: Rock Island	State: IL	Zip Code: 61201
Aggregate EB-5 Capital Investment:	Aggregate Direct and Indirect Job Creation:	Aggregate Jobs Maintained:	

(b)(4) 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? ☐ No ☒ Yes

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: Real Estate Projects - Residential II, LLC		Industry Category Title: 23	
Address (Street Number and Name): 3090 Olive Street, Suite 300	City: Dallas	State: TX	Zip Code: 75219
EB-5 Capital Investment:	Direct and Indirect Job Creation:	Jobs Maintained:	

(2) 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:	

e. Name of Commercial Enterprise: CMB Infrastructure Investment Group XIII LP		Industry Category Title: 23	
Address Street Number and Name: 7819 42nd Street W	City: Rock Island	State: IL	Zip Code: 61201
Aggregate EB-5 Capital Investment:	Aggregate Direct and Indirect Job Creation:	Aggregate Jobs Maintained:	

(b)(4) 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? ☐ No ☒ Yes

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

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: REP Chino Projects, LLC		Industry Category Title: 23	
Address (Street Number and Name): 3090 Olive Street, Suite 300	City: Dallas	State: TX	Zip Code: 75219
EB-5 Capital Investment:	Direct and Indirect Job Creation:	Jobs Maintained: (b)(4)	
(2) 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:	

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.)

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

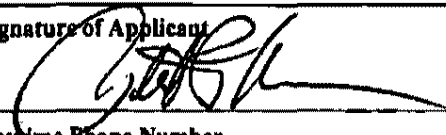
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

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

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 prepare this petition, he or she must complete 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.

<b>Signature of Applicant</b> 	<b>Printed Name of Applicant</b> Patrick F. Hogan	<b>Date (mm/dd/yyyy)</b> 12/09/2013
<b>Daytime Phone Number</b> (Area/Country Codes) 3097971550	<b>E-Mail Address</b> pat@cmbcb5visa.com	
<b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b> President		

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

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

<b>Signature of Preparer</b>		<b>Printed Name of Preparer</b>	<b>Date (mm/dd/yyyy)</b>
<b>Firm Name and Address</b>			
<b>Daytime Phone Number</b> (Area/Country Codes)	<b>Fax Number (Area/Country Codes)</b>	<b>E-Mail Address</b>	

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

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

**Do Not Write in This Block - for USCIS Use Only (except G-28 block below)**

Action Block



**RCW1613354322**

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☒ G-28 attached

Attorney's State License No.

146597/208665

**Part 1. Information About Principal of the Regional Center**

Name: Last Hogan	First Patrick	Middle Francis
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C/O: CMB Export LLC

Street Address/P.O. Box: 7819 42nd Street West

City: Rock Island (b)(6)	State: IL	Zip Code: 61201
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Date of Birth (mm/dd/yyyy)	Fax Number (include area code): (309) 797-1655	Telephone Number (include area code): (309) 797-1550
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Web site address:  
www.cmbeb5visa.com

**Part 2. Application Type (Select 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): Approval of I-526 exemplar for affiliated new commercial enterprise. (ID: 1031910156); Expansion of industry scope.

**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
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Web site address: www.cmbeb5visa.com	Fax Number (include area code): (309) 797-1655	Telephone Number (include area code): (309) 797-1550
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**Part 3. Information About the Regional Center (Continued)**

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**B. Name of Managing Company/Agency:** N/A

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Street Address/P.O. Box:

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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):

**D. Continuation, 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.)**

N/A - management structure unchanged from CMB Export LLC's ("CMB") most recent I-924A application filing.

### 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 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)

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 methods 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'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 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: <b>Construction</b>	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? <input type="checkbox"/> No - Attach an explanation <input checked="" type="checkbox"/> Yes
NAICS Code for the Industry Category: <b>230000</b>	
Industry Category Title: <b>Apartment Building Leasing</b>	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? <input type="checkbox"/> No - Attach an explanation <input checked="" type="checkbox"/> Yes
NAICS Code for the Industry Category: <b>531110</b>	
Industry Category Title: <b></b>	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? <input type="checkbox"/> No - Attach an explanation <input type="checkbox"/> Yes
NAICS Code for the Industry Category: <b></b>	



### 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 is seeking approval of an I-526 exemplar for an affiliated new commercial enterprise - CMB Export Infrastructure Investment Group 57, LP ("CMB Group 57"). As reflected in the attached exemplar petition documents, the co-General Partner, CMB Export, owns 20% of this enterprise. The EB-5 investors will own collectively the remaining 80% of CMB Group 57.

b. Date commercial enterprise established, if any (mm/dd/yyyy): 07/14/2015

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 commercial enterprise?

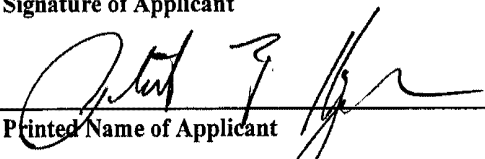
- ☐ No ☒ Yes - Attach an explanation and documentation that outlines when and under what circumstances these remittances will be paid.

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) (309) 797-1550	Date (mm/dd/yyyy) 05/01/2016
Printed Name of Applicant Patrick F. Hogan	E-Mail Address pat@cmb5visa.com	
Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) President/Managing Member of CMB Export, LLC		

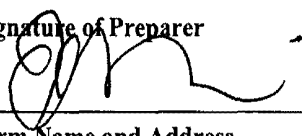
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**Part 5. Signature of Person Preparing This Form, If Other Than Above (Sign Below)**

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

<b>Signature of Preparer</b> 	<b>Printed Name of Preparer</b> Lincoln Stone / Elsie Arias	<b>Date (mm/dd/yyyy)</b> 5/11/2016
<b>Firm Name and Address</b> Stone Grzegorek & Gonzalez LLP 800 Wilshire Boulevard, Suite 900, Los Angeles, CA 90017		
<b>Daytime Phone Number</b> (Area/Country Codes) (213) 627-8997	<b>Fax Number (Area/Country Codes)</b> (213) 627-8998	<b>E-Mail Address</b> Lincoln@sggimmigration.com / Elsie@sggimmigration.com

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

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

**Do Not Write in This Block - for USCIS Use Only (except G-28 block below)**

Action Block



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☒ G-28 attached

Attorney's State License No.

146597/208665

CSC 15

**Part 1. Information About Principal of the Regional Center**

Name: Last

Hogan

First

Patrick

Middle

Francis

C/O: CMB Export LLC

Street Address/P.O. Box: 7819 42nd Street West

City: Rock Island

(b)(6)

State: IL

Zip Code: 61201

Date of Birth  
(mm/dd/yyyy)

Fax Number

(include area code): (309) 797-1655

Telephone Number

(include area code): (309) 797-1550

Web site address:

[www.cmbeb5visa.com](http://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): Approval of I-526 exemplar for affiliated new commercial enterprise. (ID: 1031910156)

**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

Web site address:

[www.cmbeb5visa.com](http://www.cmbeb5visa.com)

Fax Number (include area code):

(309) 797-1655

Telephone Number (include area code):

(309) 797-1550

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

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**B. Name of Managing Company/Agency:** N/A

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Street Address/P.O. Box:

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City:

State:

Zip Code:

Web site address:

Fax Number (include area code):

Telephone Number (include area code):

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**C. Name of Other Agent:**

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Street Address/P.O. Box:

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City:

State:

Zip Code:

Web site address:

Fax Number (include area code):

Telephone Number (include area code):

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**D. Continuation, 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.)**

N/A - management structure unchanged from initial regional center proposal for CMB Export LLC

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### Part 3. Information About the Regional Center *(Continued)*

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**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.

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

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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 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

### 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 is seeking approval of an I-526 exemplar petition for an affiliated new commercial enterprise - CMB Export Infrastructure Investment Group 42, LP. ("CMB Group 42"). As reflected in the attached exemplar petition documents, the co-General Partner, CMB Export owns 20% of this enterprise. The EB-5 investors will own collectively the remaining 80% of CMB Group 42.

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 have an equity stake in the commercial enterprise?

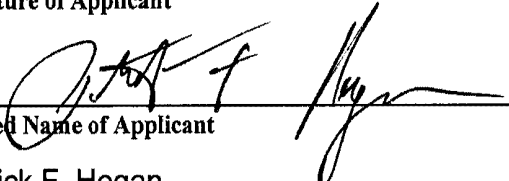
- ☐ No ☒ Yes - Attach an explanation and documentation that outlines when and under what circumstances these remittances will be paid.

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) (309) 797-1550	Date (mm/dd/yyyy)
Printed Name of Applicant Patrick F. Hogan	E-Mail Address pat@cmb5visa.com	
Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) President/Managing Member of CMB Export, LLC		

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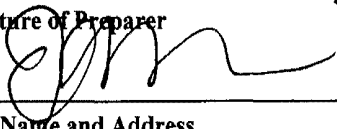
**Part 5. Signature of Person Preparing This Form, If Other Than Above (Sign Below)**

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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


<b>Signature of Preparer</b> 	<b>Printed Name of Preparer</b> Lincoln Stone / Elsie Arias	<b>Date (mm/dd/yyyy)</b> 9/24/2015
<b>Firm Name and Address</b> Stone Grzegorek & Gonzalez LLP 800 Wilshire Blvd., Suite 900, Los Angeles, CA 90017		
<b>Daytime Phone Number</b> (Area/Country Codes) (213) 627-8997	<b>Fax Number (Area/Country Codes)</b> (213) 627-8998	<b>E-Mail Address</b> Lincoln@sggimmigration.com / Elsie@sggimmigration.com



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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Do Not Write in This Block - for USCIS Use Only (except G-28 block below)	
<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 5px; margin-right: 10px;"> <b>Action Block</b> </div> <div style="border: 1px solid black; padding: 10px; text-align: center;"> <p>U.S. Department of Homeland Security</p> <p style="font-size: 2em; font-weight: bold;">APPROVED</p> <p>MAR 1 2016</p> <p><i>[Signature]</i></p> <p style="font-weight: bold;">005954</p> <p>U.S. Citizenship and Immigration Services</p> </div> </div>	<div style="text-align: center;">   <p style="font-size: 1.5em; font-weight: bold;">RCW1512452682</p> <p>maginger 1924 05/04/2015</p> </div> <div style="margin-top: 10px;"> <input checked="" type="checkbox"/> G-28 attached         </div> <div style="margin-top: 10px;"> <p>Attorney's State License No. <b>146597/208665</b></p> </div>

**Part 1. Information About Principal of the Regional Center**

Name: Last <b>Hogan</b>	First <b>Patrick</b>	Middle <b>Francis</b>
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C/O: CMB Export, LLC

Street Address/P.O. Box: 7819 42nd Street West

City: Rock Island	(b)(6)	State: IL	Zip Code: 61201
Date of Birth (mm/dd/yyyy)		Fax Number (include area code): (309) 797-1655	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 application. Note the previous application receipt number, if any (also attach the Regional Center's previous approval notice): **Request for review of I-526 exemplar for affiliated new commercial enterprise; Expansion of industry scope to real estate leasing (NAICS 5310)**

**Part 3. Information About the Regional Center** (Regional Center ID: 1031910156)

(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
Web site address: <b>www.cmbeb5visa.com</b>	Fax Number (include area code): <b>(309) 797-1655</b>	Telephone Number (include area code): <b>(309) 797-1550</b>

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

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**B. Name of Managing Company/Agency:** N/A

---

Street Address/P.O. Box:

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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):

---

**D. Continuation, 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.)**N/A

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

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**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.

**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.

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

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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: <b>Construction</b>	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? <input type="checkbox"/> No - Attach an explanation <input checked="" type="checkbox"/> Yes
NAICS Code for the Industry Category: <b>2 3 0 0 0 0</b>	
Industry Category Title: <b>Manufacturing</b>	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? <input type="checkbox"/> No - Attach an explanation <input checked="" type="checkbox"/> Yes
NAICS Code for the Industry Category: <b>3 1 0 0 0 0</b>	
Industry Category Title: <b>Accommodation</b>	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? <input type="checkbox"/> No - Attach an explanation <input checked="" type="checkbox"/> Yes
NAICS Code for the Industry Category: <b>7 2 1 0 0 0</b>	

Please see attached addendum.

## **Addendum**

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**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 (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 is seeking approval of an I-526 exemplar petition for an affiliated new commercial enterprise - CMB Export Infrastructure Investment Group 48, LP ("CMB Group 48"). As reflected in the attached exemplar petition documents, the co-General Partner, CMB Export owns 20% of this enterprise. The EB-5 investors will own collectively the remaining 80% of CMB Group 48.

b. Date commercial enterprise established, if any (mm/dd/yyyy): 11/25/2014

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?

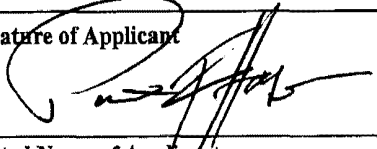
- ☐ No ☒ Yes - Attach an explanation and documentation that outlines when and under what circumstances these remittances will be paid.

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 complete 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) (309) 797-1550	Date (mm/dd/yyyy) 04/30/2015
Printed Name of Applicant Patrick F. Hogan	E-Mail Address Pat@cmb5visa.com	
Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) Owner/President		

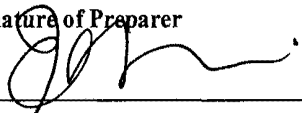
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**Part 5. Signature of Person Preparing This Form, If Other Than Above (Sign Below)**

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?

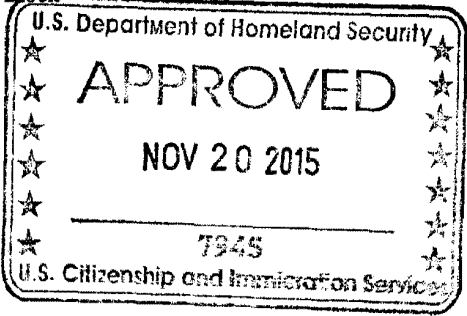

☐ No ☒ Yes

<b>Signature of Preparer</b> 	<b>Printed Name of Preparer</b> Lincoln Stone / Elsie Arias	<b>Date (mm/dd/yyyy)</b> 5/1/2015
<b>Firm Name and Address</b> Stone Grzegorek & Gonzalez LLP 800 Wilshire Blvd., Suite 900, Los Angeles, CA 90017		
<b>Daytime Phone Number</b> (Area/Country Codes) (213) 627-8997	<b>Fax Number (Area/Country Codes)</b> (213) 627-8998	<b>E-Mail Address</b> Lincoln@sggimmigration.com / Elsie@sggimmigration.com

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

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

Do Not Write in This Block - for USCIS Use Only (except G-28 block below)


<p>Action Block</p> 	<p>Fee  <b>RCW1433552004</b> egarcia2 1924 12/01/2014</p> <p><input checked="" type="checkbox"/> G-28 attached</p> <p>Attorney's State License No. 146597/208665</p>
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## Part 1. Information About Principal of the Regional Center

Name: Last Hogan	First Patrick	Middle Francis
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C/O: CMB Export LLC

Street Address/P.O. Box: 7819 42nd Street West

City: Rock Island (b)(6)	State: IL	Zip Code: 61201
Date of Birth (mm/dd/yyyy): 	Fax Number (include area code): (309) 797-1655	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 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.
- RC ID 1031910156

## 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
Web site address: www.cmbeb5visa.com	Fax Number (include area code): (309) 797-1655	Telephone Number (include area code): (309) 797-1550



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

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**B. Name of Managing Company/Agency:** N/A

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Street Address/P.O. Box:

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City:

State:

Zip Code:

Web site address:

Fax Number (include area code):

Telephone Number (include area code):

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**C. Name of Other Agent:**

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Street Address/P.O. Box:

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City:

State:

Zip Code:

Web site address:

Fax Number (include area code):

Telephone Number (include area code):

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**D. Continuation, 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.)**N/A

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### 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, signed by Patrick F. 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 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

### 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 is seeking approval of an exemplar I-526 petition for an affiliated new commercial enterprise - CMB Export Infrastructure Investment Group 31, LP. As reflected in the attached exemplar petition documents, as the General Partner, CMB Export owns 20% of this enterprise. The EB-5 investors will collectively own the remaining 80% of CMB Export Infrastructure Investment Group 31, LP.

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 agents have an equity stake in the commercial enterprise?

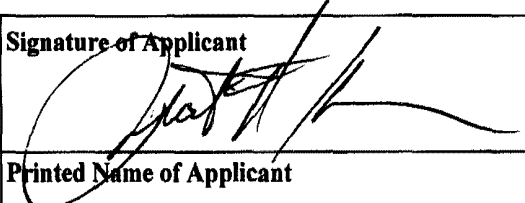
- ☐ No ☒ Yes - Attach an explanation and documentation that outlines when and under what circumstances these remittances will be paid.

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) (309) 797-1550	Date (mm/dd/yyyy)
Printed Name of Applicant Patrick F. Hogan	E-Mail Address Pat@cmb5visa.com	
Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) Owner/President		

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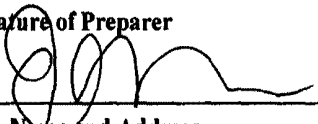
**Part 5. Signature of Person Preparing This Form, If Other Than Above (Sign Below)**

---

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

<b>Signature of Preparer</b> 		<b>Printed Name of Preparer</b> Lincoln Stone / Elsie Arias	<b>Date (mm/dd/yyyy)</b> 11/26/2014
<b>Firm Name and Address</b> Stone Grzegorek & Gonzalez LLP 800 Wilshire Blvd., Suite 900 Los Angeles, CA 90017			
<b>Daytime Phone Number</b> (Area/Country Codes)  (213) 627-8997	<b>Fax Number (Area/Country Codes)</b>  (213) 627-8998	<b>E-Mail Address</b> Elsie@sggimmigration.com / Lincoln@sggimmigration.com	

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 Regional Center**

Name: Last Hogan	First Patrick	Middle Francis
In Care Of: CMB Export, LLC		
Street Address/P.O. Box: 7819 42nd 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	Telephone Number (include area code): (309) 797-1550
Web site address: www.cmbeb5visa.com		

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW1407851710

**Part 2. Application Type (check one)**

- ☒ a. Supplement for the Fiscal Year Ending September 30, 2014 (YYYY)
- ☐ b. Supplement for a Series of Fiscal Years Beginning on October 1, \_\_\_\_\_ (YYYY) and Ending on September 30, \_\_\_\_\_ (YYYY)

**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 W.		
City: Rock Island	State: IL	Zip Code: 61201
Web site Address: www.cmbeb5visa.com	Fax Number (include area code): (855) 852-5133	Telephone (include area code): (309) 797-1550

B. Name of Managing Company/Agency: CMB Export Regional Center, 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 code): (855) 852-5133	Telephone (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 (include area code):

**RCW1500252341**

mppang I924A 12/29/2014

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

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: Construction		NAICS Code for the Industry Category 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: CMB Infrastructure Investment Group XI, LP		Industry Category Title: 23	
Address (Street Number and Name): 7819 42nd Street W.	City: Rock Island	State: IL	Zip Code: 61201
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 that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			

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

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:**

Cobra Energy Investments Finance, LLC

**Industry Category Title:**

23

**Address (Street Number and Name):**

Cardenal Marcelo Spinolla, 10

**City:**

28016 Madrid, Spain

**State:****Zip Code:****EB-5 Capital Investment:****Direct and Indirect Job Creation:****Jobs Maintained:****(2) Business Name**

Cobra Energy Investments Finance, LLC

**Industry Category Title:**

23

**Address (Street Number and Name):**

425 Olympic Blvd, Suite 500E

**City:**

Santa Monica

**State:**

CA

**Zip Code:**

90404

**EB-5 Capital Investment:**

See above

**Direct and Indirect Job Creation:**

See above

**Jobs Maintained:**

See above

**b. Name of Commercial Enterprise:**

CMB Infrastructure Investment Group XII, LP

**Industry Category Title:**

23

**Address (Street Number and Name):**

7819 42nd Street W.

**City:**

Rock Island

**State:**

IL

**Zip Code:**

61201

**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 that have or will create or maintain jobs for EB-5 purposes?

☐ No☒ Yes

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:**

Real Estate Projects - Residential II, LLC

**Industry Category Title:**

23

**Address (Street Number and Name):**

3090 Olive Street, Suite 300

**City:**

Dallas

**State:**

TX

**Zip Code**

75219

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



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

(2) 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:	

c. Name of Commercial Enterprise:		Industry Category Title:	
CMB Infrastructure Investment 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 Creation:	Aggregate Jobs Maintained:	

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?

☐ No ☒ Yes

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:	
Real Estate Projects - SF II, 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 Job Creation:	Jobs Maintained:	

(2) 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:	

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

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:	
Address (Street Number and Name):	City:	State:	Zip Code:
EB-5 Capital Investment:	Direct and Indirect Job Creation:	Jobs Maintained:	

b. Name of Commercial Enterprise:		Industry Category Title:	
CMB Export Infrast. Invest. Group 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:	
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>			

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? ☐ No ☒ Yes

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:	
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 Job Creation	Jobs Maintained	
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>			

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

(2) 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:	

c. Name of Commercial Enterprise:		Industry Category Title:	
CMB Export Infrast. Invest. Group 23, 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 as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ No ☒ Yes

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:	
RE Projects - Davis, 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 Job Creation:	Jobs Maintained:	

(2) Business Name:		Industry Category Title:	
RE Projects - Redlands, 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 Job Creation:	Jobs Maintained:	

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

<b>d. Name of Commercial Enterprise:</b> CMB Export Infrast. Invest. Group XVII, LP		<b>Industry Category Title:</b> 23	
<b>Address (Street Number and Name):</b> 7819 42nd Street W.	<b>City:</b> Rock Island	<b>State:</b> IL	<b>Zip Code:</b> 61201
<b>Aggregate EB-5 Capital Investment:</b>	<b>Aggregate Direct and Indirect Job Creation:</b>	<b>Aggregate Jobs Maintained:</b>	

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? ☐ No ☒ Yes

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.

<b>(1) Business Name:</b> RE Projects - OSR, LLC		<b>Industry Category Title:</b> 23	
<b>Address (Street Number and Name):</b> 3090 Olive Street, Suite 300	<b>City:</b> Dallas	<b>State:</b> TX	<b>Zip Code:</b> 75219
<b>EB-5 Capital Investment:</b>	<b>Direct and Indirect Job Creation:</b>	<b>Jobs Maintained:</b>	

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

<b>e. Name of Commercial Enterprise:</b>		<b>Industry Category Title:</b>	
<b>Address Street Number and Name:</b>	<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Aggregate EB-5 Capital Investment:</b>	<b>Aggregate Direct and Indirect Job Creation:</b>	<b>Aggregate Jobs Maintained:</b>	
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? <input type="checkbox"/> No <input type="checkbox"/> Yes			

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

<b>d. Name of Commercial Enterprise:</b> CMB Infrastructure Investment Group XVI, LLC		<b>Industry Category Title:</b> 23	
<b>Address (Street Number and Name):</b> 7819 42nd Street W.	<b>City:</b> Rock Island	<b>State:</b> IL	<b>Zip Code:</b> 612010
<b>Aggregate EB-5 Capital Investment:</b>	<b>Aggregate Direct and Indirect Job Creation:</b>	<b>Aggregate Jobs Maintained:</b>	

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? ☐ No ☒ Yes

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.

<b>(1) Business Name:</b> GWGG, LLC		<b>Industry Category Title:</b> 23	
<b>Address (Street Number and Name):</b> 2725 Rocky Mountain Avenue	<b>City:</b> Loveland	<b>State:</b> CO	<b>Zip Code:</b> 80538
<b>EB-5 Capital Investment:</b>	<b>Direct and Indirect Job Creation:</b>	<b>Jobs Maintained:</b>	

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

<b>e. Name of Commercial Enterprise:</b> CMB Export Infrast. Invest. Group 28, LP		<b>Industry Category Title:</b> 23	
<b>Address Street Number and Name:</b> 7819 42nd Street W.	<b>City:</b> Rock Island	<b>State:</b> IL	<b>Zip Code:</b> 61201
<b>Aggregate EB-5 Capital Investment:</b>	<b>Aggregate Direct and Indirect Job Creation:</b>	<b>Aggregate Jobs Maintained:</b>	

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? ☐ No ☒ Yes

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

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:

Marina Village Associates, LLC

Industry Category Title:

23

Address (Street Number and Name):

1999 Avenue of the Stars

City:

Los Angeles

State:

CA

Zip Code:

90067

EB-5 Capital Investment:

Direct and Indirect Job Creation:

Jobs Maintained:

(2) 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:

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.)

**Form I-829 Petition Final Case Actions**

Approved

Denied

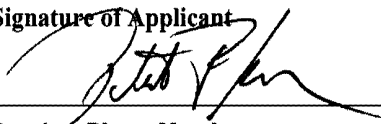
Revoked

(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.

**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 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.

<b>Signature of Applicant</b> 	<b>Printed Name of Applicant</b> Patrick F. Hogan	<b>Date (mm/dd/yyyy)</b> 12/15/2014
<b>Daytime Phone Number</b> (Area/Country Codes) (309) 797-1550	<b>E-Mail Address</b> pat@cmbbeb5visa.com	
<b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b> Managing Member		

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

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

<b>Signature of Preparer</b>		<b>Printed Name of Preparer</b>	<b>Date (mm/dd/yyyy)</b>
<b>Firm Name and Address</b>			
<b>Daytime Phone Number</b> (Area/Country Codes)	<b>Fax Number (Area/Country Codes)</b>	<b>E-Mail Address</b>	

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

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

**Do Not Write in This Block - for USCIS Use Only (except G-28 block below)**

**Action Block**

F



**RCW1520452805**

egarcia2

1924

07/23/2015

☒ G-28 attached

Attorney's State License No.

146597/208665

**Part 1. Information About Principal of the Regional Center**

Name: Last

Hogan

First

Patrick

Middle

Francis

C/O: CMB Export, LLC

Street Address/P.O. Box: 7819 42nd Street West

City: Rock Island

(b)(6)

State: IL

Zip Code: 61201

Date of Birth

(mm/dd/yyyy)

Fax Number

(include area code): (309) 797-1655

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 application. Note the previous application receipt number, if any (also attach the Regional Center's previous approval notice): Request for approval of I-526 exemplar for affiliated new commercial enterprise. (ID: 1031910156)

**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

Web site address:

www.cmbeb5visa.com

Fax Number (include area code):

(309) 797-1655

Telephone Number (include area code):

(309) 797-1550



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

**B. Name of Managing Company/Agency:** 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

**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):

**D. Continuation, 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.)**

N/A

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

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**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 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.

**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.

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

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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 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: <b>Construction</b>	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? <input type="checkbox"/> No - Attach an explanation <input checked="" type="checkbox"/> Yes
NAICS Code for the Industry Category: <b>2 3 0 0 0 0</b>	
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? <input type="checkbox"/> No - Attach an explanation <input type="checkbox"/> Yes
NAICS Code for the Industry Category:  	
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? <input type="checkbox"/> No - Attach an explanation <input type="checkbox"/> Yes
NAICS Code for the Industry Category:  	

### 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 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 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?

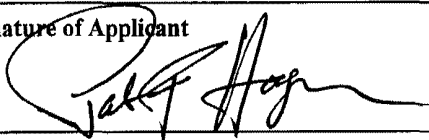
- ☐ No ☒ Yes - Attach an explanation and documentation that outlines when and under what circumstances these remittances will be paid.

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) (309) 797-1550	Date (mm/dd/yyyy) <u>07/14/2015</u>
Printed Name of Applicant Patrick F. Hogan	E-Mail Address Pat@cmb5visa.com	
Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) Owner/President		

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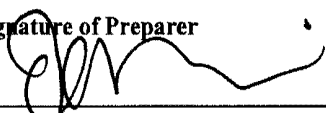
**Part 5. Signature of Person Preparing This Form, If Other Than Above (Sign Below)**

---

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

<b>Signature of Preparer</b> 	<b>Printed Name of Preparer</b> Lincoln Stone / Elsie Arias	<b>Date (mm/dd/yyyy)</b> 7/22/2015
<b>Firm Name and Address</b> Stone Grzegorek & Gonzalez LLP 800 Wilshire Blvd., Suite 900, Los Angeles, CA 90017		
<b>Daytime Phone Number</b> (Area/Country Codes) (213) 627-8997	<b>Fax Number (Area/Country Codes)</b> (213) 627-8998	<b>E-Mail Address</b> Lincoln@sggimmigration.com / Elsie@sggimmigration.com

## STATEMENT OF PATRICK F. HOGAN

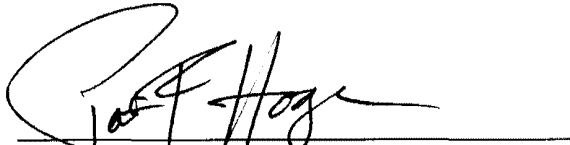
I, Patrick F. Hogan, declare the following is based on my personal knowledge:

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 deposit [REDACTED] Of the [REDACTED] deposited by each EB-5 investor, [REDACTED] is credited toward CMB Export's syndication fee and the balance of [REDACTED] is the capital contribution in CMB Group 35. Based on the investment, the EB-5 investor will own at least [REDACTED] 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 [REDACTED] 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.

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.

(b)(4)

I declare that all of the foregoing is true and correct.

  
Patrick F. Hogan

Date: July 14, 2015

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

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

**Do Not Write in This Block - for USCIS Use Only (except G-28 block below)**

**Action Block**



**Fee Receipt**



**RCW1234250844**

maginger 1924 12/07/2012

☒ G-28 attached

Attorney's State License No.  
146597 / 208665

**Part 1. Information About Principal of the Regional Center**

Name: Last HOGAN	First Patrick	Middle Francis
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C/O: CMB Export LLC

Street Address/P.O. Box: 7819 42nd Street West

City: Rock Island (b)(6)	State: IL	Zip Code: 61201
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Date of Birth (mm/dd/yyyy): [Redacted]	Fax Number (include area code): (855) 852-5133	Telephone Number (include area code): (309) 797-1550
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Web site address: www.cmb5visa.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
Web site address: www.cmb5visa.com	Fax Number (include area code): (855) 852-5133	Telephone Number (include area code): (309) 797-1550



Form I-924 (11/23/10)

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

**B. Name of Managing Company/Agency:** 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

**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):

**D. Continuation, 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.)**

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.

**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?**

☒ 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. 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 full-time employees to assist with the monitoring and reporting requirements.



### 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 attached letter, signed by Patrick Hogan, regarding CMB Export LLC'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 LLC regularly conducts due diligence in evaluating prospective EB-5 investors, including lawful source of funds. Please refer to attached letter, signed by Patrick Hogan, for further details.

7. Identify each industry that has or will be the focus of EB-5 capital investments sponsored through the regional center.

<p>Industry Category Title:</p> <p>Construction</p> <p>NAICS Code for the Industry Category:</p> <p>2 3 0 0 0 0</p>	<p>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?</p> <p><input type="checkbox"/> No - Attach an explanation</p> <p><input checked="" type="checkbox"/> Yes</p>
<p>Industry Category Title:</p> <p></p> <p>NAICS Code for the Industry Category:</p> <p>_____</p>	<p>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?</p> <p><input type="checkbox"/> No - Attach an explanation</p> <p><input type="checkbox"/> Yes</p>
<p>Industry Category Title:</p> <p></p> <p>NAICS Code for the Industry Category:</p> <p>_____</p>	<p>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?</p> <p><input type="checkbox"/> No - Attach an explanation</p> <p><input type="checkbox"/> Yes</p>



### 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 exemplar I-526 petition for an affiliated new commercial enterprise - CMB Infrastructure Investment Group IX, LP. As reflected in the attached exemplar petition documents, as the General Partner, CMB Export LLC owns 20% of this enterprise. The EB-5 investors will collectively own the remaining 80% of CMB Infrastructure Investment Group IX, LP.

b. Date commercial enterprise established, if any (mm/dd/yyyy): 08/30/2011

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 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) (309) 797-1550	Date (mm/dd/yyyy)
Printed Name of Applicant Patrick F. Hogan	E-Mail Address pat@cmb5visa.com	
Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)  Owner/President		



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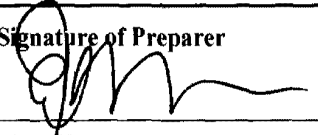
**Part 5. Signature of Person Preparing This Form, If Other Than Above (*Sign Below*)**

---

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

<b>Signature of Preparer</b> 	<b>Printed Name of Preparer</b> Lincoln Stone / Elsie Arias	<b>Date (mm/dd/yyyy)</b> 12/3/2012
<b>Firm Name and Address</b> Stone & Grzegorek LLP 800 Wilshire Blvd. #900, Los Angeles, California 90017		
<b>Daytime Phone Number</b> (Area/Country Codes) (213) 627-8997	<b>Fax Number (Area/Country Codes)</b> (213) 627-8998	<b>E-Mail Address</b> elsie@lskglaw.com / lincoln@lskglaw.com

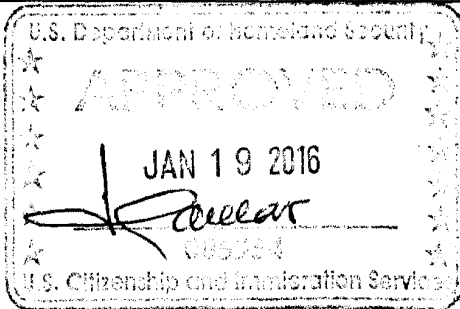


Department of Homeland Security  
U.S. Citizenship and Immigration Services

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

**Do Not Write in This Block - for USCIS Use Only (except G-28 block below)**

**Action Block**



**RCW1435352167**

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☒ G-28 attached

Attorney's State License No.

146597/208665

**Part 1. Information About Principal of the Regional Center**

Name: Last Hogan	First Patrick	Middle Francis
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C/O: CMB Export LLC

Street Address/P.O. Box: 7819 42nd Street West

City: Rock Island (b)(6)	State: IL	Zip Code: 61201
--------------------------	-----------	-----------------

Date of Birth (mm/dd/yyyy):	Fax Number (include area code): (309) 797-1655	Telephone Number (include area code): (309) 797-1550
-----------------------------	--	--

Web site address: www.cmb5visa.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.

RC ID 1031910156

**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
-------------------	-----------	-----------------

Web site address: www.cmb5visa.com	Fax Number (include area code): (309) 797-1655	Telephone Number (include area code): (309) 797-1550
---------------------------------------	---	---

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

**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):

**D. Continuation, 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.)**

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.

**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, signed by Patrick F. 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 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

### 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 is seeking approval of an exemplar I-526 petition for an affiliated new commercial enterprise - CMB Export Infrastructure Investment Group 34, LP. As reflected in the attached exemplar petition documents, as the General Partner, CMB Export owns 20% of this enterprise. The EB-5 investors will collectively own the remaining 80% of CMB Export Infrastructure Investment Group 34, LP.

b. Date commercial enterprise established, if any (mm/dd/yyyy): 08/20/2014

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?

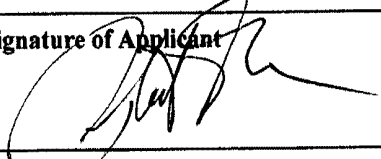
- ☐ No ☒ Yes - Attach an explanation and documentation that outlines when and under what circumstances these remittances will be paid.

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 complete 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) (309) 797-1550	Date (mm/dd/yyyy)
Printed Name of Applicant Patrick F. Hogan	E-Mail Address Pat@cmb5visa.com	
Relationship to the Regional Center Entity (Managing Member, President, 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.

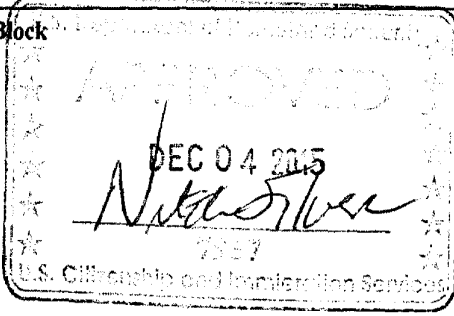

**Attorney or Representative:** In the event of a Request for Evidence (RFE), may the USCIS contact you by Fax or E-mail?

☐ No ☒ Yes

<b>Signature of Preparer</b> 	<b>Printed Name of Preparer</b> Lincoln Stone / Elsie Arias	<b>Date (mm/dd/yyyy)</b> 12/18/2014
<b>Firm Name and Address</b> Stone Grzegorek & Gonzalez LLP 800 Wilshire Blvd., Suite 900 Los Angeles, CA 90017		
<b>Daytime Phone Number</b> (Area/Country Codes)  (213) 627-8997	<b>Fax Number (Area/Country Codes)</b>  (213) 627-8998	<b>E-Mail Address</b> Elsie@sggimmigration.com / Lincoln@sggimmigration.com

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

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

Do Not Write in This Block - for USCIS Use	
<p><b>Action Block</b></p> <div style="border: 1px solid black; padding: 10px; text-align: center;">  </div>	<div style="text-align: center;">   <b>RCW1433652009</b>  egarcia2      1924      12/02/2014 </div> <p><input checked="" type="checkbox"/> G-28 attached</p> <p>Attorney's State License No. 146597/208665</p>

**Part 1. Information About Principal of the Regional Center**

Name: Last Hogan	First Patrick	Middle Francis
C/O: CMB Export LLC		
Street Address/P.O. Box: 7819 42nd Street West		
City: Rock Island (b)(6)	State: IL	Zip Code: 61201
Date of Birth (mm/dd/yyyy): <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span>	Fax Number (include area code): (309) 797-1655	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 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.
- RC ID 1031910156

**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
Web site address: www.cmbeb5visa.com	Fax Number (include area code): (309) 797-1655	Telephone Number (include area code): (309) 797-1550

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

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**B. Name of Managing Company/Agency:** N/A

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Street Address/P.O. Box:

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City:

State:

Zip Code:

---

Web site address:

Fax Number (include area code):

Telephone Number (include area code):

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**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):

---

**D. Continuation, 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.)**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.

**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.

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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

### 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 is seeking approval of an exemplar I-526 petition for an affiliated new commercial enterprise - CMB Export Infrastructure Investment Group 28, LP. As reflected in the attached exemplar petition documents, as the General Partner, CMB Export owns 20% of this enterprise. The EB-5 investors will collectively own the remaining 80% of CMB Export Infrastructure Investment Group 28, LP.

**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 have an equity stake in the commercial enterprise?

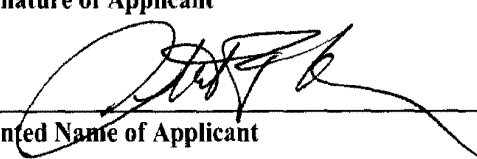
- ☐ No ☒ Yes - Attach an explanation and documentation that outlines when and under what circumstances these remittances will be paid.

**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.

<b>Signature of Applicant</b> 	<b>Daytime Phone Number</b> (Area/Country Codes) (309) 797-1550	<b>Date (mm/dd/yyyy)</b>
<b>Printed Name of Applicant</b> Patrick F. Hogan	<b>E-Mail Address</b> Pat@cmb5visa.com	
<b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b> Owner/President		



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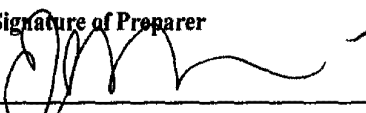
**Part 5. Signature of Person Preparing This Form, If Other Than Above (Sign Below)**

---

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

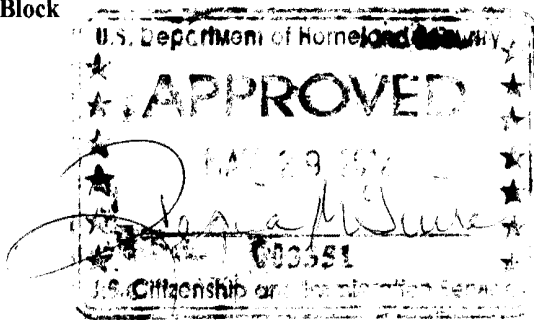
<b>Signature of Preparer</b> 		<b>Printed Name of Preparer</b> Lincoln Stone / Elsie Arias	<b>Date (mm/dd/yyyy)</b> 11/24/2014
<b>Firm Name and Address</b> Stone Grzegorek & Gonzalez LLP 800 Wilshire Blvd., Suite 900 Los Angeles, CA 90017			
<b>Daytime Phone Number</b> (Area/Country Codes)  (213) 627-8997	<b>Fax Number (Area/</b> <b>Country Codes)</b>  (213) 627-8998	<b>E-Mail Address</b> Elsie@sggimmigration.com / Lincoln@sggimmigration.com	

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

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

Do Not Write in This Block - for USCIS Use Only (except G-28 block below)

## Action Block



Fee



RCW1200350479

egarcia2 1924 12/22/2011

☒ G-28 attached

Attorney's State License No.

146597 / 208665

## Part 1. Information About Principal of the Regional Center

Name: Last HOGAN	First Patrick	Middle Francis
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C/O: CMB Export LLC

Street Address/P.O. Box: 7819 42nd Street West

City: Rock Island (b)(6)	State: IL	Zip Code: 61201
--------------------------	-----------	-----------------

Date of Birth (mm/dd/yyyy): [Redacted]	Fax Number (include area code): (855) 852-5133	Telephone Number (include area code): (309) 797-1550
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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

RCW 103910156 / ID 103910156

## 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
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Web site address: www.cmbeb5visa.com	Fax Number (include area code): (855) 852-5133	Telephone Number (include area code): (309) 797-1550
---	---	---



C30056

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

**B. Name of Managing Company/Agency:** 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

**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):

**D. Continuation, 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.)**

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.

**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.



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

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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.

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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 6  
\_ \_ \_ \_ \_

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



### 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 exemplar I-526 petition for an affiliated new commercial enterprise - CMB Infrastructure Investment Group VII, LP. As reflected in the attached exemplar petition documents, as the General Partner, CMB Export LLC owns 20% of this enterprise. The EB-5 investors will collectively own the remaining 80% of CMB Infrastructure Investment Group VII, LP.

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 stake in the commercial enterprise?

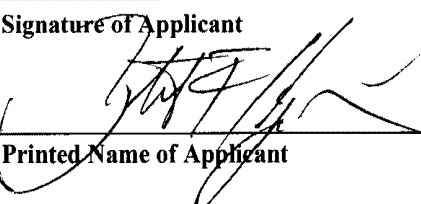
- ☐ No ☒ Yes - Attach an explanation and documentation that outlines when and under what circumstances these remittances will be paid.

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) (309) 797-1550	Date (mm/dd/yyyy) 12/19/2011
Printed Name of Applicant Patrick F. Hogan	E-Mail Address pat@cmb5visa.com	
Relationship to the Regional Center Entity (Managing Member, President, 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

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



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 Regional Center**

Name: Last Hogan	First Patrick	Middle Francis
In Care Of: CMB Export, LLC		
Street Address/P.O. Box: 7819 42nd 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	Telephone Number (include area code): (309) 797-1550
Web site address: www.cmbeb5visa.com		
USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) ID1031910156		

**Part 2. Application Type (Select one)**

- ☒ a. Supplement for the Fiscal Year Ending September 30, 2015 (YYYY)
- ☐ b. Supplement for a Series of Fiscal Years Beginning on October 1, \_\_\_\_\_ (YYYY) and Ending on September 30, \_\_\_\_\_ (YYYY)

**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 W.		
City: Rock Island	State: IL	Zip Code: 61201
Web site Address: www.cmbeb5visa.com	Fax Number (include area code): (855) 852-5133	Telephone (include area code): (309) 797-1550

B. Name of Managing Company/Agency: 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 code): (855) 852-5133	Telephone (include area code): (309) 797-1550

C. Name of Other Agent:

Street Address/P.O. Box:		
City:	State:	Zip Code:
Web site Address:	Fax Number (include area code):	Telephone (include area code):



**RCW1534453561**

egarcia2 1924A 12/10/2015



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

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: Construction		NAICS Code for the Industry Category 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:

(b)(4)

a. Name of Commercial Enterprise: CMB Export Infrast. Invest. Group 23, LP		Industry Category Title: Construction	
Address (Street Number and Name): 7819 42nd Street W.	City: Rock Island	State: IL	Zip Code: 61201
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 that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			

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

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: RE Projects - Redlands, LLC		Industry Category Title: Construction	
Address (Street Number and Name): 3090 Olive St., Suite 300	City: Dallas	State: TX	Zip Code: 75219
EB-5 Capital Investment:	Direct and Indirect Job Creation:	Jobs Maintained:	
<div style="background-color: black; height: 20px; width: 100%;"></div>			
(2) 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:	

b. Name of Commercial Enterprise: CMB Export Infrast. Invest. Group 29, LP		Industry Category Title: Construction	
Address (Street Number and Name): 7819 42nd Street W.	City: Rock Island	State: IL	Zip Code: 61201
Aggregate EB-5 Capital Investment:	Aggregate Direct and Indirect Job Creation:	Aggregate Jobs Maintained:	
<div style="background-color: black; height: 20px; width: 100%;"></div>			

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? ☐ No ☒ Yes

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: Real Estate Projects - SF I, LLC		Industry Category Title: Construction	
Address (Street Number and Name): 3090 Olive St., Suite 300	City: Dallas	State: TX	Zip Code: 75219
EB-5 Capital Investment	Direct and Indirect Job Creation	Jobs Maintained	
<div style="background-color: black; height: 20px; width: 100%;"></div>			

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

(2) 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:	

c. Name of Commercial Enterprise:		Industry Category Title:	
CMB Export Infrast. Invest. Group 34, 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 as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ No ☒ Yes

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:	
Beachwood Investors, LLC		Construction	
Address (Street Number and Name):	City:	State:	Zip Code:
1999 Avenue of the Stars	Ste. 3850, Los Angeles	CA	90067
EB-5 Capital Investment:	Direct and Indirect Job Creation:	Jobs Maintained:	

(2) 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:	

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

<b>d. Name of Commercial Enterprise:</b> CMB Export Infrast. Invest. Group 35, LP		<b>Industry Category Title:</b> Construction	
<b>Address (Street Number and Name):</b> 7819 42nd Street W.	<b>City:</b> Rock Island	<b>State:</b> IL	<b>Zip Code:</b> 61201
<b>Aggregate EB-5 Capital Investment:</b>	<b>Aggregate Direct and Indirect Job Creation:</b>	<b>Aggregate Jobs Maintained:</b>	

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? ☐ No ☒ Yes

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.

<b>(1) Business Name:</b> RE Projects - Redlands 52, LLC		<b>Industry Category Title:</b> Constructon	
<b>Address (Street Number and Name):</b> 3090 Olive St., Suite 300	<b>City:</b> Dallas	<b>State:</b> TX	<b>Zip Code:</b> 75219
<b>EB-5 Capital Investment:</b>	<b>Direct and Indirect Job Creation:</b>	<b>Jobs Maintained:</b>	

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

<b>e. Name of Commercial Enterprise:</b> CMB Export Infrast. Invest. Group 38, LP		<b>Industry Category Title:</b> Construction	
<b>Address Street Number and Name:</b> 7819 42nd Street W.	<b>City:</b> Rock Island	<b>State:</b> IL	<b>Zip Code:</b> 61201
<b>Aggregate EB-5 Capital Investment:</b>	<b>Aggregate Direct and Indirect Job Creation:</b>	<b>Aggregate Jobs Maintained:</b>	

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? ☐ No ☒ Yes

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

<b>d. Name of Commercial Enterprise:</b> CMB Export Infrast. Invest. Group 48, LP		<b>Industry Category Title:</b> Construction	
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<b>Address (Street Number and Name):</b> 7819 42nd Street W.	<b>City:</b> Rock Island	<b>State:</b> IL	<b>Zip Code:</b> 61201
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<b>Aggregate EB-5 Capital Investment:</b>	<b>Aggregate Direct and Indirect Job Creation:</b>	<b>Aggregate Jobs Maintained:</b>
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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? ☐ No ☒ Yes

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.

<b>(1) Business Name:</b> CPMB, LLC		<b>Industry Category Title:</b> Construction	
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<b>Address (Street Number and Name):</b> 1999 Avenue of the Stars	<b>City:</b> Ste. 2850, Los Angeles	<b>State:</b> CA	<b>Zip Code:</b> 90067
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<b>EB-5 Capital Investment:</b>	<b>Direct and Indirect Job Creation:</b>	<b>Jobs Maintained:</b>
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<b>(2) Business Name:</b>		<b>Industry Category Title:</b>	
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<b>Address (Street Number and Name):</b>	<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
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<b>EB-5 Capital Investment:</b>	<b>Direct and Indirect Job Creation:</b>	<b>Jobs Maintained:</b>
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<b>e. Name of Commercial Enterprise:</b>		<b>Industry Category Title:</b>	
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<b>Address Street Number and Name:</b>	<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
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<b>Aggregate EB-5 Capital Investment:</b>	<b>Aggregate Direct and Indirect Job Creation:</b>	<b>Aggregate Jobs Maintained:</b>
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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? ☐ No ☐ Yes

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

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: RE Projects - Roster City, LLC		Industry Category Title: Construction	
Address (Street Number and Name): 3090 Olive Street, Ste. 300	City: Dallas	State: TX	Zip Code: 75219
EB-5 Capital Investment:	Direct and Indirect Job Creation:	Jobs Maintained:	
(2) 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:	

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

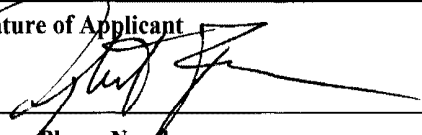
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

Form I-829 Petition Final Case Actions		
Approved	Denied	Revoked

**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 prepare this petition, he or she must complete **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.

<b>Signature of Applicant</b> 	<b>Printed Name of Applicant</b> Patrick F. Hogan	<b>Date (mm/dd/yyyy)</b> 12/8/2015
<b>Daytime Phone Number</b> (Area/Country Codes) (309) 797-1550	<b>E-Mail Address</b> pat@cmbbeb5visa.com	
<b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b> Managing Member		

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

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


<b>Signature of Preparer</b>		<b>Printed Name of Preparer</b>	<b>Date (mm/dd/yyyy)</b>
<b>Firm Name and Address</b>			
<b>Daytime Phone Number</b> (Area/Country Codes)	<b>Fax Number (Area/Country Codes)</b>	<b>E-Mail Address</b>	

REC'D CSC 15 AUG 26 18:10

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**

Do Not Write in This Block - for USCIS Use Only (except G-28 block below)	
<b>Action Block</b>          	 <b>RCW1523852879</b> egarcia2      1924      08/26/2015  <input checked="" type="checkbox"/> G-28 attached Attorney's State License No. <b>146597/208665</b>

**Part 1. Information About Principal of the Regional Center**

Name: Last <b>Hogan</b>	First <b>Patrick</b>	Middle <b>Francis</b>
----------------------------	-------------------------	--------------------------

C/O: **CMB Export, LLC**

Street Address/P.O. Box: **7819 42nd Street West**

City: <b>Rock Island</b> <b>(b)(6)</b>	State: <b>IL</b>	Zip Code: <b>61201</b>
Date of Birth (mm/dd/yyyy) <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; vertical-align: middle;"></span>	Fax Number (include area code): <b>(309) 797-1655</b>	Telephone Number (include area code): <b>(309) 797-1550</b>

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 approval of I-526 exemplar for affiliated new commercial enterprise. (ID: 1031910156)**

**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: <b>7819 42nd Street West</b>		
City: <b>Rock Island</b>	State: <b>IL</b>	Zip Code: <b>61201</b>
Web site address: <b>www.cmbeb5visa.com</b>	Fax Number (include area code): <b>(309) 797-1655</b>	Telephone Number (include area code): <b>(309) 797-1550</b>



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

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**B. Name of Managing Company/Agency:** N/A

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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):

---

**D. Continuation, 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.)**N/A

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

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**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 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.

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

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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 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: <div>Construction</div>	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?  <input type="checkbox"/> No - Attach an explanation <input checked="" type="checkbox"/> Yes
NAICS Code for the Industry Category: <div>2 3 0 0 0 0</div>	
Industry Category Title: <div></div>	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?  <input type="checkbox"/> No - Attach an explanation <input type="checkbox"/> Yes
NAICS Code for the Industry Category: <div></div>	
Industry Category Title: <div></div>	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?  <input type="checkbox"/> No - Attach an explanation <input type="checkbox"/> Yes
NAICS Code for the Industry Category: <div></div>	

### 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 is seeking approval of an I-526 exemplar petition for an affiliated new commercial enterprise - CMB Export Infrastructure Investment Group 38, LP. ("CMB Group 38"). As reflected in the attached exemplar petition documents, the co-General Partner, CMB Export owns 20% of this enterprise. The EB-5 investors will own collectively the remaining 80% of CMB Group 38.

b. Date commercial enterprise established, if any (mm/dd/yyyy): 10/28/2014

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?

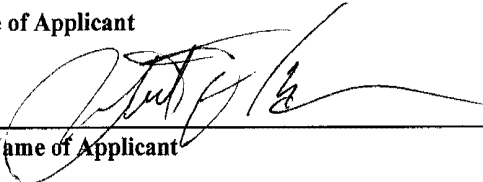
- ☐ No ☒ Yes - Attach an explanation and documentation that outlines when and under what circumstances these remittances will be paid.

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) (309) 797-1550	Date (mm/dd/yyyy) 8/7/2015
Printed Name of Applicant Patrick F. Hogan	E-Mail Address Pat@cmb5visa.com	
Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) Owner/President		

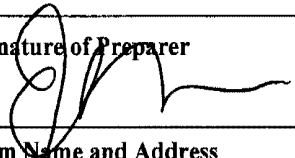
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**Part 5. Signature of Person Preparing This Form, If Other Than Above (Sign Below)**

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

<b>Signature of Preparer</b> 	<b>Printed Name of Preparer</b> Lincoln Stone / Elsie Arias	<b>Date (mm/dd/yyyy)</b> 8/25/08
<b>Firm Name and Address</b> Stone Grzegorek & Gonzalez LLP 800 Wilshire Blvd., Suite 900, Los Angeles, CA 90017		
<b>Daytime Phone Number</b> (Area/Country Codes) (213) 627-8997	<b>Fax Number (Area/Country Codes)</b> (213) 627-8998	<b>E-Mail Address</b> Lincoln@sggimmigration.com / Elsie@sggimmigration.com

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 Regional Center**

Name: Last Hogan	First Patrick	Middle F.
In Care Of: CMB Export, LLC		
Street Address/P.O. Box: 7819 42nd 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	Telephone Number (include area code): (309) 797-1550
Web site address: www.cmbeb5visa.com		

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice)

W09001470

*ID 10319 10156  
RCW 10319 10156  
RCW 10319 10226*

**Part 2. Application Type (Check one)**

- ☒ a. Supplement for the Fiscal Year Ending September 30, 2011 (YYYY)
- ☐ b. Supplement for a Series of Fiscal Years Beginning on October 1, \_\_\_\_ (YYYY) and Ending on September 30, \_\_\_\_ (YYYY)

**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 W.		
City: Rock Island	State: IL	Zip Code: 61201
Web site Address: www.cmbeb5visa.com	Fax Number (include area code): (855) 852-5133	Telephone (include area code): (309) 797-1550

B. Name of Managing Company/Agency: 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 code): (855) 852-5133	Telephone (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 (include area code):



Form I-924A (11/23/10)

RCW1133950368

C30056

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

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.")

Aggregate EB-5 Capital Investment	Aggregate Direct and Indirect Job Creation	Aggregate Jobs Maintained
<div>(b)(4)</div>		

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>a. Industry Category Title:</b> Construction 97% of GIII, 100% of GIV & GV		<b>NAICS Code for the Industry Category</b> 2 3 0 0 0 0	
Aggregate EB-5 Capital Investment:	Aggregate Direct and Indirect Job Creation:	Aggregate Jobs Maintained:	
<div>(b)(4)</div>			
<b>b. Industry Category Title:</b> Manufacturing 3% of GIII		<b>NAICS Code for the Industry Category</b> 3 1 0 0 0 0	
Aggregate EB-5 Capital Investment:	Aggregate Direct and Indirect Job Creation:	Aggregate Jobs Maintained:	
<div>(b)(4)</div>			
<b>c. Industry Category Title:</b>		<b>NAICS Code for the Industry Category</b> — — — — —	
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:

<b>a. Name of Commercial Enterprise:</b> CMB Infrastructure Investment Group III		<b>Industry Category Title:</b> Construction & Manufacturing	
<b>Address (Street Number and Name):</b> 7819 42nd Street	<b>City:</b> Rock Island	<b>State:</b> IL	<b>Zip Code:</b> 61201
Aggregate EB-5 Capital Investment:	Aggregate Direct and Indirect Job Creation:	Aggregate Jobs Maintained:	
<div>(b)(4)</div>			
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? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			



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

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: Inland Valley Development Agency		Industry Category Title: Redevelopment/Reuse Authority	
Address (Street Number and Name): 294 S. Leland Norton Way	City: San Bernardino	State: CA	Zip Code: 92408
EB-5 Capital Investment:	Direct and Indirect Job Creation:	Jobs Maintained:	
(b)(4)			

(2) Business Name: San Bernardino Economic Development Agency		Industry Category Title: Redevelopment/Reuse Authority	
Address (Street Number and Name): 201 N. E Street, Suite 301	City: San Bernardino	State: CA	Zip Code: 92401
EB-5 Capital Investment:	Direct and Indirect Job Creation:	Jobs Maintained:	
(b)(4)			

b. Name of Commercial Enterprise: CMB Infrastructure Investment Group IV		Industry Category Title: Construction	
Address (Street Number and Name): 7819 42nd Street W.	City: Rock Island	State: IL	Zip Code: 61201
Aggregate EB-5 Capital Investment:	Aggregate Direct and Indirect Job Creation:	Aggregate Jobs Maintained:	
(b)(4)			

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? ☐ No ☒ Yes

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: Inland Valley Development Agency		Industry Category Title: Redevelopment/Reuse Authority	
Address (Street Number and Name): 294 S. Leland Norton Way	City: San Bernardino	State: CA	Zip Code: 92408
EB-5 Capital Investment	Direct and Indirect Job Creation	Jobs Maintained	
(b)(4)			



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

(2) Business Name: McClellan Business Park		Industry Category Title: Redevelopment/Reuse Authority	
Address (Street Number and Name): 3140 Peacekeeper Way	City: McClellan	State: CA	Zip Code: 95652
EB-5 Capital Investment:	Direct and Indirect Job Creation:	Jobs Maintained:	
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>			

c. Name of Commercial Enterprise: CMB Infrastructure Investment Group V		Industry Category Title: Construction	
Address (Street Number and Name): 7819 42nd Street W.	City: Rock Island	State: IL	Zip Code: 61201
Aggregate EB-5 Capital Investment:	Aggregate Direct and Indirect Job Creation:	Aggregate Jobs Maintained:	
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>			

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? ☐ No ☒ Yes

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: Inland Valley Development Agency		Industry Category Title: Redevelopment/Reuse Authority	
Address (Street Number and Name): 7819 42nd Street W.	City: Rock Island	State: IL	Zip Code: 61201
EB-5 Capital Investment:	Direct and Indirect Job Creation:	Jobs Maintained:	
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>			

(2) Business Name: San Bernardino Economic Development Agency		Industry Category Title: Redevelopment/Reuse Authority	
Address (Street Number and Name): 201 North E Street, Suite 301	City: San Bernardino	State: CA	Zip Code: 92401
EB-5 Capital Investment:	Direct and Indirect Job Creation:	Jobs Maintained:	
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>			

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: [REDACTED]  
Direct and Indirect Job Creation: [REDACTED]  
Jobs Maintained: 0

(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 that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes			
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:	
Address (Street Number and Name):	City:	State:	Zip Code:
EB-5 Capital Investment:	Direct and Indirect Job Creation:	Jobs Maintained:	
e. 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 that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes			



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

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:	
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.)

(b)(4)	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.)

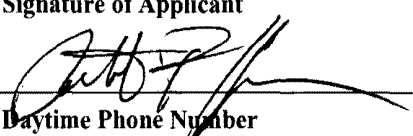
(b)(4)	Form I-829 Petition Final Case Actions		
	Approved	Denied	Revoked

**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 prepare this petition, he or she must complete 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.

<b>Signature of Applicant</b> 	<b>Printed Name of Applicant</b> Patrick F. Hogan	<b>Date (mm/dd/yyyy)</b> 11/29/2011
<b>Daytime Phone Number</b> (Area/Country Codes) (309) 797-1550	<b>E-Mail Address</b> pat@cmbbeb5visa.com	
<b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b> Owner/President		

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

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

<b>Signature of Preparer</b>		<b>Printed Name of Preparer</b>	<b>Date (mm/dd/yyyy)</b>
<b>Firm Name and Address</b>			
<b>Daytime Phone Number</b> (Area/Country Codes)	<b>Fax Number (Area/Country Codes)</b>	<b>E-Mail Address</b>	



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

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

Do Not Write in This Block - for USCIS Use Only (except G-28 block below)

## Action Block



RCW1407851710

egarcia2 1924 03/19/2014

☒ G-28 attached

Attorney's State License No.

146597/208665

## Part 1. Information About Principal of the Regional Center

Name: Last Hogan	First Patrick	Middle Francis
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C/O: CMB Export LLC

Street Address/P.O. Box: 7819 42nd Street West

City: Rock Island (b)(6)	State: IL	Zip Code: 61201
--------------------------	-----------	-----------------

Date of Birth (mm/dd/yyyy):	Fax Number (include area code): (309) 797-1655	Telephone Number (include area code): (309) 797-1550
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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 and expansion of industry scope.

## 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
Web site address: www.cmbeb5visa.com	Fax Number (include area code): (309) 797-1655	Telephone Number (include area code): (309) 797-1550

630056

**Part 3. Information About the Regional Center (Continued)****B. Name of Managing Company/Agency:** 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

**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):

**D. Continuation, 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.)**

N/A

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

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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?**

- ☒ 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 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)

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, signed by Patrick Hogan regarding CMB Export LLC'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 LLC regularly conducts due diligence in evaluating prospective EB-5 investors, including lawful source of funds. Please refer to the attached statement by Patrick 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:

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:

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

### 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 exemplar I-526 petition for an affiliated new commercial enterprise - CMB Export Infrastructure Investment Group XVI, LP. As reflected in the attached exemplar petition documents, as the General Partner, CMB Export LLC owns 20% of this enterprise. The EB-5 investors will collectively own the remaining 80% of CMB Export Infrastructure Investment Group XVI, LP.

b. Date commercial enterprise established, if any (mm/dd/yyyy): 11/08/2013

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?

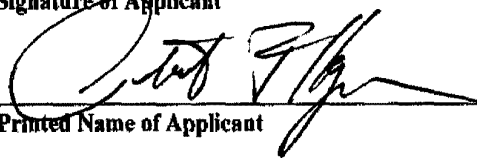
- ☐ No ☒ Yes - Attach an explanation and documentation that outlines when and under what circumstances these remittances will be paid.

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 complete 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.

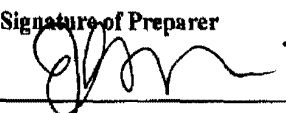
Signature of Applicant 	Daytime Phone Number (Area/Country Codes) (309) 797-1550	Date (mm/dd/yyyy) 3/17/2014
Printed Name of Applicant Patrick F. Hogan	E-Mail Address pat@cmb5visa.com	
Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) Owner/President		

**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.

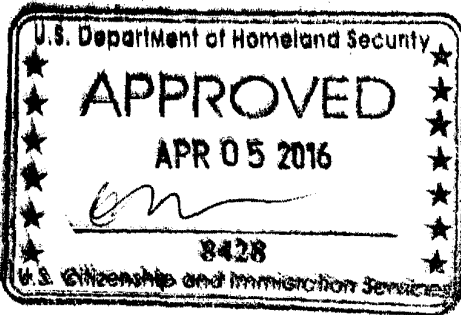

**Attorney or Representative:** In the event of a Request for Evidence (RFE), may the USCIS contact you by Fax or E-mail?

☐ No ☒ Yes

<b>Signature of Preparer</b> 	<b>Printed Name of Preparer</b> Lincoln Stone / Elsie Arias	<b>Date (mm/dd/yyyy)</b> 3/18/2014
<b>Firm Name and Address</b> Stone Grzegorek & Gonzalez LLP 800 Wilshire Blvd., Suite 900, Los Angeles, CA 90017		
<b>Daytime Phone Number</b> (Area/Country Codes) (213) 627-8997	<b>Fax Number (Area/Country Codes)</b> (213) 627-8998	<b>E-Mail Address</b> Lincoln@sggimmigration.com / Elsie@sggimmigration.com

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

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

Do Not Write in This Block - for USCIS Use Only (except G-28 block below)	
<b>Action Block</b> 	<b>F</b>  <b>RCW1433652010</b> egarcia2 1924 12/02/2014  <input checked="" type="checkbox"/> G-28 attached  Attorney's State License No. 146597/208665

## Part 1. Information About Principal of the Regional Center

Name: Last Hogan	First Patrick	Middle Francis
---------------------	------------------	-------------------

C/O: CMB Export LLC

Street Address/P.O. Box: 7819 42nd Street West

City: Rock Island	(b)(6)	State: IL	Zip Code: 61201
Date of Birth (mm/dd/yyyy):		Fax Number (include area code): (309) 797-1655	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 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.

RC ID 1031910156

## 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
Web site address: www.cmbeb5visa.com	Fax Number (include area code): (309) 797-1655	Telephone Number (include area code): (309) 797-1550

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

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**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):

---

**D. Continuation, 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.)**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.

**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, signed by Patrick F. 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 Patrick F. Hogan.

7. Identify each industry that has or will be the focus of EB-5 capital investments sponsored through the regional center.

<p>Industry Category Title:</p> <p>Construction</p> <p>NAICS Code for the Industry Category:</p> <p>2 3 0 0 0 0</p>	<p>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?</p> <p><input type="checkbox"/> No - Attach an explanation</p> <p><input checked="" type="checkbox"/> Yes</p>
<p>Industry Category Title:</p> <p></p> <p>NAICS Code for the Industry Category:</p> <p>_____</p>	<p>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?</p> <p><input type="checkbox"/> No - Attach an explanation</p> <p><input type="checkbox"/> Yes</p>
<p>Industry Category Title:</p> <p></p> <p>NAICS Code for the Industry Category:</p> <p>_____</p>	<p>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?</p> <p><input type="checkbox"/> No - Attach an explanation</p> <p><input type="checkbox"/> Yes</p>

### 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 is seeking approval of an exemplar I-526 petition for an affiliated new commercial enterprise - CMB Export Infrastructure Investment Group 29, LP. As reflected in the attached exemplar petition documents, as the General Partner, CMB Export owns 20% of this enterprise. The EB-5 investors will collectively own the remaining 80% of CMB Export Infrastructure Investment Group 29, LP.

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 have an equity stake in the commercial enterprise?

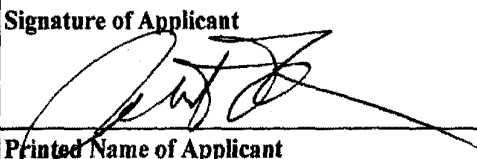
- ☐ No ☒ Yes - Attach an explanation and documentation that outlines when and under what circumstances these remittances will be paid.

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) (309) 797-1550	Date (mm/dd/yyyy)
Printed Name of Applicant Patrick F. Hogan	E-Mail Address Pat@cmb5visa.com	
Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) Owner/President		



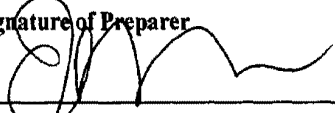
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**Part 5. Signature of Person Preparing This Form, If Other Than Above (Sign Below)**

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

<b>Signature of Preparer</b> 		<b>Printed Name of Preparer</b> Lincoln Stone / Elsie Arias	<b>Date (mm/dd/yyyy)</b> 11/26/2014
<b>Firm Name and Address</b> Stone Grzegorek & Gonzalez LLP 800 Wilshire Blvd., Suite 900 Los Angeles, CA 90017			
<b>Daytime Phone Number</b> (Area/Country Codes)  (213) 627-8997	<b>Fax Number (Area/Country Codes)</b>  (213) 627-8998	<b>E-Mail Address</b> Elsie@sggimmigration.com / Lincoln@sggimmigration.com	

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 Regional Center**

Name: Last Hogan	First Patrick	Middle Francis
In Care Of: CMB Export, LLC		
Street Address/P.O. Box: 7819 42nd 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	Telephone Number (include area code): (309) 797-1550
Web site address: www.cmbeb5visa.com		

USCIS-assigned number for the Designated Regional Center (attach the  
Regional Center's most recently issued approval notice) RCW1234250844

**Part 2. Application Type (check one)**

- ☒ a. Supplement for the Fiscal Year Ending September 30, 2013 (YYYY)
- ☐ b. Supplement for a Series of Fiscal Years Beginning on October 1, \_\_\_\_\_ (YYYY) and Ending on September 30, \_\_\_\_\_ (YYYY)

**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 W.		
City: Rock Island	State: IL	Zip Code: 61201
Web site Address: www.cmbeb5visa.com	Fax Number (include area code): (855) 852-5133	Telephone (include area code): (309) 797-1550

**B. Name of Managing Company/Agency:** 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 code): (855) 852-5133	Telephone (include area code): (309) 797-1550

**C. Name of Other Agent:**

Street Address/P.O. Box:		
City:	State:	Zip Code:
Web site Address:	Fax Number (include area code):	Telephone (include area code):



**RCW1400251577**

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

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: Construction		NAICS Code for the Industry Category 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: CMB Infrastructure Investment Group VIII		Industry Category Title: 23	
Address (Street Number and Name): 7819 42nd Street W.	City: Rock Island	State: IL	Zip Code: 61201
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 that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			

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

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: Real Estate Projects, LLC		Industry Category Title: 23	
Address (Street Number and Name): 3090 Olive Street, Suite 300	City: Dallas	State: TX	Zip Code: 75219
EB-5 Capital Investment:	Direct and Indirect Job Creation:	Jobs Maintained:	
<div style="background-color: black; height: 20px; width: 100%;"></div>			
(2) 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:	

b. Name of Commercial Enterprise: CMB Infrastructure Investment Group IX, LP		Industry Category Title: 23	
Address (Street Number and Name): 7819 42nd Street W.	City: Rock Island	State: IL	Zip Code: 61201
Aggregate EB-5 Capital Investment:	Aggregate Direct and Indirect Job Creation:	Aggregate Jobs Maintained:	
<div style="background-color: black; height: 20px; width: 100%;"></div>			

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? ☐ No ☒ Yes

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: SolarReserve CSP Finance, LLC		Industry Category Title: 23	
Address (Street Number and Name): 2425 Olympic Blvd., Suite 500	City: Santa Monica	State: CA	Zip Code: 90404
EB-5 Capital Investment	Direct and Indirect Job Creation	Jobs Maintained	
<div style="background-color: black; height: 20px; width: 100%;"></div>			

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

(2) 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:	

c. Name of Commercial Enterprise:		Industry Category 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 Indirect Job Creation:	Aggregate Jobs Maintained:	

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?

☐ No ☒ Yes

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:	
Cobra Energy Investment Finance, 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 Job Creation:	Jobs Maintained:	

(2) Business Name:		Industry Category Title:	
Cobra Energy Investment Finance, 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 Job Creation:	Jobs Maintained:	
See above	See above	See above	

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

<b>d. Name of Commercial Enterprise:</b> CMB Infrastructure Investment Group XIV, LP		<b>Industry Category Title:</b> 23	
<b>Address (Street Number and Name):</b> 7819 42nd Street W.	<b>City:</b> Rock Island	<b>State:</b> IL	<b>Zip Code:</b> 61201
<b>Aggregate EB-5 Capital Investment:</b>	<b>Aggregate Direct and Indirect Job Creation:</b>	<b>Aggregate Jobs Maintained:</b>	
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>			
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? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
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.			
<b>(1) Business Name:</b> Real Estate Projects - Residential I, LLC		<b>Industry Category Title:</b> 23	
<b>Address (Street Number and Name):</b> 3090 Olive Street, Suite 300	<b>City:</b> Dallas	<b>State:</b> TX	<b>Zip Code:</b> 75219
<b>EB-5 Capital Investment:</b>	<b>Direct and Indirect Job Creation:</b>	<b>Jobs Maintained:</b>	
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>			
<b>(2) Business Name:</b>		<b>Industry Category Title:</b>	
<b>Address (Street Number and Name):</b>	<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>EB-5 Capital Investment:</b>	<b>Direct and Indirect Job Creation:</b>	<b>Jobs Maintained:</b>	
<b>e. Name of Commercial Enterprise:</b>		<b>Industry Category Title:</b>	
<b>Address Street Number and Name:</b>	<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Aggregate EB-5 Capital Investment:</b>	<b>Aggregate Direct and Indirect Job Creation:</b>	<b>Aggregate Jobs Maintained:</b>	
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? <input type="checkbox"/> No <input type="checkbox"/> Yes			

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

<b>d. Name of Commercial Enterprise:</b> CMB Infrastructure Investment Group XV, LP		<b>Industry Category Title:</b> 23	
<b>Address (Street Number and Name):</b> 7819 42nd Street W.	<b>City:</b> Rock Island	<b>State:</b> IL	<b>Zip Code:</b> 61201
<b>Aggregate EB-5 Capital Investment:</b>	<b>Aggregate Direct and Indirect Job Creation:</b>	<b>Aggregate Jobs Maintained:</b>	
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? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
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.			
<b>(1) Business Name:</b> PCCP IRG Downey, LLC & IRG Downey, LLC		<b>Industry Category Title:</b> 23	
<b>Address (Street Number and Name):</b> 12214 Lakewood Blvd.	<b>City:</b> Downey	<b>State:</b> CA	<b>Zip Code:</b> 90242
<b>EB-5 Capital Investment:</b>	<b>Direct and Indirect Job Creation:</b>	<b>Jobs Maintained:</b>	
<b>(2) Business Name:</b>		<b>Industry Category Title:</b>	
<b>Address (Street Number and Name):</b>	<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>EB-5 Capital Investment:</b>	<b>Direct and Indirect Job Creation:</b>	<b>Jobs Maintained:</b>	
<b>e. Name of Commercial Enterprise:</b>		<b>Industry Category Title:</b>	
<b>Address Street Number and Name:</b>	<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Aggregate EB-5 Capital Investment:</b>	<b>Aggregate Direct and Indirect Job Creation:</b>	<b>Aggregate Jobs Maintained:</b>	
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? <input type="checkbox"/> No <input type="checkbox"/> Yes			

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

<b>d. Name of Commercial Enterprise:</b> CMB Infrastructure Investment Group XVIIIILP		<b>Industry Category Title:</b> 23	
<b>Address (Street Number and Name):</b> 7819 42nd Street W.	<b>City:</b> Rock Island	<b>State:</b> IL	<b>Zip Code:</b> 61201
<b>Aggregate EB-5 Capital Investment:</b>	<b>Aggregate Direct and Indirect Job Creation:</b>	<b>Aggregate Jobs Maintained:</b>	

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? ☐ No ☒ Yes

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.

<b>(1) Business Name:</b> Real Estate Projects - SF II, LLC		<b>Industry Category Title:</b> 23	
<b>Address (Street Number and Name):</b> 3090 Olive Street, Suite 300	<b>City:</b> Dallas	<b>State:</b> TX	<b>Zip Code:</b> 75219
<b>EB-5 Capital Investment:</b>	<b>Direct and Indirect Job Creation:</b>	<b>Jobs Maintained:</b>	

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

<b>e. Name of Commercial Enterprise:</b>		<b>Industry Category Title:</b>	
<b>Address Street Number and Name:</b>	<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Aggregate EB-5 Capital Investment:</b>	<b>Aggregate Direct and Indirect Job Creation:</b>	<b>Aggregate Jobs Maintained:</b>	
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? <input type="checkbox"/> No <input type="checkbox"/> Yes			



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

<b>d. Name of Commercial Enterprise:</b> CMB Infrastructure Investment Group XII, LP		<b>Industry Category Title:</b> 23	
<b>Address (Street Number and Name):</b> 7819 42nd Street W.	<b>City:</b> Rock Island	<b>State:</b> IL	<b>Zip Code:</b> 61201
<b>Aggregate EB-5 Capital Investment:</b>	<b>Aggregate Direct and Indirect Job Creation:</b>	<b>Aggregate Jobs Maintained:</b>	

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? ☐ No ☒ Yes

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.

<b>(1) Business Name:</b> Real Estate Projects - Residential II, LLC		<b>Industry Category Title:</b> 23	
<b>Address (Street Number and Name):</b> 3090 Olive Street, Suite 300	<b>City:</b> Dallas	<b>State:</b> TX	<b>Zip Code:</b> 75219
<b>EB-5 Capital Investment:</b>	<b>Direct and Indirect Job Creation:</b>	<b>Jobs Maintained:</b>	

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

<b>e. Name of Commercial Enterprise:</b> CMB Infrastructure Investment Group XIII LP		<b>Industry Category Title:</b> 23	
<b>Address Street Number and Name:</b> 7819 42nd Street W	<b>City:</b> Rock Island	<b>State:</b> IL	<b>Zip Code:</b> 61201
<b>Aggregate EB-5 Capital Investment:</b>	<b>Aggregate Direct and Indirect Job Creation:</b>	<b>Aggregate Jobs Maintained:</b>	

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? ☐ No ☒ Yes

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

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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: REP Chino Projects, LLC		Industry Category Title: 23	
Address (Street Number and Name): 3090 Olive Street, Suite 300	City: Dallas	State: TX	Zip Code: 75219
EB-5 Capital Investment:	Direct and Indirect Job Creation:	Jobs Maintained: (b)(4)	
(2) 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:	

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)		

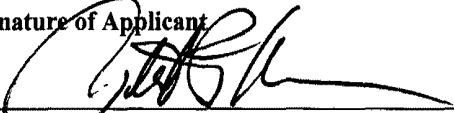
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

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.

**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 complete 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.

<b>Signature of Applicant</b> 	<b>Printed Name of Applicant</b> Patrick F. Hogan	<b>Date (mm/dd/yyyy)</b> 12/09/2013
<b>Daytime Phone Number</b> (Area/Country Codes) 3097971550	<b>E-Mail Address</b> pat@cmbbeb5visa.com	
<b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b> President		

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

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

<b>Signature of Preparer</b>		<b>Printed Name of Preparer</b>	<b>Date (mm/dd/yyyy)</b>
<b>Firm Name and Address</b>			
<b>Daytime Phone Number</b> (Area/Country Codes)	<b>Fax Number (Area/Country Codes)</b>	<b>E-Mail Address</b>	

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 Regional Center**

Name: Last Hogan	First Patrick	Middle Francis
In Care Of: CMB Export, LLC		
Street Address/P.O. Box: 7819 42nd Street W.		
City: Rock Island	State: IL	Zip Code: 61201
Date of Birth (mm/dd/yyyy): <span style="border: 1px solid black; padding: 2px;">(b)(6)</span>	Fax Number (include area code): (855) 852-5133	Telephone Number (include area code): (309) 797-1550
Web site address: www.cmbeb5visa.com		

USCIS-assigned number for the Designated Regional Center (attach the  
Regional Center's most recently issued approval notice)

RCW1200350479/ RC ID 1031910156

**Part 2. Application Type (Check one)**

- ☒ a. Supplement for the Fiscal Year Ending September 30, 2012 (YYYY)
- ☐ b. Supplement for a Series of Fiscal Years Beginning on October 1, \_\_\_\_\_ (YYYY) and Ending on September 30, \_\_\_\_\_ (YYYY)

**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 W.		
City: Rock Island	State: IL	Zip Code: 61201
Web site Address: www.cmbeb5visa.com	Fax Number (include area code): (309) 797-1550	Telephone (include area code): (309) 797-1550

**B. Name of Managing Company/Agency:** 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 code): (855) 852-5133	Telephone (include area code): (309) 797-1550

**C. Name of Other Agent:**

Street Address/P.O. Box:		
City:	State:	Zip Code:
Web site Address:	Fax Number (include area code):	Telephone (include area code):



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I924A

12/27/2012

Form I-924A (11/23/10)

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

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".)

(b)(4)

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:

(b)(4)

a. Name of Commercial Enterprise: CMB Infrastructure Investment Group IV		Industry Category Title: Construction	
Address (Street Number and Name): 7819 42nd Street W.	City: Rock Island	State: IL	Zip Code: 61201
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 that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			

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

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:**

Inland Valley Development Agency

**Industry Category Title:**

Redevelopment/Reuse Authority

**Address (Street Number and Name):**

1601 East Third Street

**City:**

San Bernardino

**State:**

CA

**Zip Code:**

92408

**EB-5 Capital Investment:****Direct and Indirect Job Creation:****Jobs Maintained:****(2) 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:****b. Name of Commercial Enterprise:**

CMB Infrastructure Investment Group V

**Industry Category Title:**

Construction

**Address (Street Number and Name):**

7819 42nd Street W.

**City:**

Rock Island

**State:**

IL

**Zip Code:**

61201

**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 that have or will create or maintain jobs for EB-5 purposes?

☐

No

☒

Yes

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:**

Inland Valley Development Agency

**Industry Category Title:**

Redevelopment/Reuse Authority

**Address (Street Number and Name):**

1601 East Third Street

**City:**

San Bernardino

**State:**

CA

**Zip Code:**

92408

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

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

(2) 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:	

c. Name of Commercial Enterprise:		Industry Category Title:	
CMB Infrastructure Investment Group VI-A		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 as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ No ☒ Yes

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:	
Inland Valley Development Agency		Redevelopment/Reuse Authority	
Address (Street Number and Name):	City:	State:	Zip Code:
1601 East Third Street	San Bernardino	CA	92408
EB-5 Capital Investment:	Direct and Indirect Job Creation:	Jobs Maintained:	

(2) Business Name:		Industry Category Title:	
McClellan Business Park		Redevelopment/Reuse Authority	
Address (Street Number and Name):	City:	State:	Zip Code:
3140 Peacekeeper Way	McClellan	CA	95652
EB-5 Capital Investment:	Direct and Indirect Job Creation:	Jobs Maintained:	

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

<b>d. Name of Commercial Enterprise:</b> CMB Infrastructure Investment Group VI-B		<b>Industry Category Title:</b> Construction	
<b>Address (Street Number and Name):</b> 7819 42nd Street W.	<b>City:</b> Rock Island	<b>State:</b> IL	<b>Zip Code:</b> 61201
<b>Aggregate EB-5 Capital Investment:</b>	<b>Aggregate Direct and Indirect Job Creation:</b>	<b>Aggregate Jobs Maintained:</b>	

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? ☐ No ☒ Yes

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.

<b>(1) Business Name:</b> McClellan Business Park		<b>Industry Category Title:</b> Redevelopment/Reuse Authority	
<b>Address (Street Number and Name):</b> 3140 Peacekeeper Way	<b>City:</b> McClellan	<b>State:</b> CA	<b>Zip Code:</b> 95652
<b>EB-5 Capital Investment:</b>	<b>Direct and Indirect Job Creation:</b>	<b>Jobs Maintained:</b>	

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

<b>e. Name of Commercial Enterprise:</b> CMB Infrastructure Investment Group VI-C		<b>Industry Category Title:</b> Construction	
<b>Address Street Number and Name:</b> 7819 42nd Street W	<b>City:</b> Rock Island	<b>State:</b> IL	<b>Zip Code:</b> 61201
<b>Aggregate EB-5 Capital Investment:</b>	<b>Aggregate Direct and Indirect Job Creation:</b>	<b>Aggregate Jobs Maintained:</b>	

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? ☐ No ☒ Yes



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

<b>d. Name of Commercial Enterprise:</b> CMB Infrastructure Investment Group VII		<b>Industry Category Title:</b> Construction	
<b>Address (Street Number and Name):</b> 7819 42nd Street W.	<b>City:</b> Rock Island	<b>State:</b> IL	<b>Zip Code:</b> 61201
<b>Aggregate EB-5 Capital Investment:</b>	<b>Aggregate Direct and Indirect Job Creation:</b>	<b>Aggregate Jobs Maintained:</b>	
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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? ☐ No ☒ Yes

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.

<b>(1) Business Name:</b> BrightSource		<b>Industry Category Title:</b> Utilities	
<b>Address (Street Number and Name):</b> 1999 Harrison Street, Ste 2150	<b>City:</b> Oakland	<b>State:</b> CA	<b>Zip Code:</b> 94612
<b>EB-5 Capital Investment:</b>	<b>Direct and Indirect Job Creation:</b>	<b>Jobs Maintained:</b>	
<div style="background-color: black; height: 20px; width: 100%;"></div>			

<b>(2) Business Name:</b>		<b>Industry Category Title:</b>	
<b>Address (Street Number and Name):</b>	<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>EB-5 Capital Investment:</b>	<b>Direct and Indirect Job Creation:</b>	<b>Jobs Maintained:</b>	
<div style="background-color: black; height: 20px; width: 100%;"></div>			

<b>e. Name of Commercial Enterprise:</b>		<b>Industry Category Title:</b>	
<b>Address Street Number and Name:</b>	<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Aggregate EB-5 Capital Investment:</b>	<b>Aggregate Direct and Indirect Job Creation:</b>	<b>Aggregate Jobs Maintained:</b>	
<p>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? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>			

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

<b>d. Name of Commercial Enterprise:</b> CMB Infrastructure Investment Group VIII		<b>Industry Category Title:</b> Construction	
<b>Address (Street Number and Name):</b> 7819 42nd Street W.	<b>City:</b> Rock Island	<b>State:</b> IL	<b>Zip Code:</b> 61201
<b>Aggregate EB-5 Capital Investment:</b>	<b>Aggregate Direct and Indirect Job Creation:</b>	<b>Aggregate Jobs Maintained:</b>	

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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? ☐ No ☒ Yes

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.

<b>(1) Business Name:</b> Real Estate Projects - Hillwood Development		<b>Industry Category Title:</b> Construction	
<b>Address (Street Number and Name):</b> 3090 Olive Street	<b>City:</b> Dallas	<b>State:</b> TX	<b>Zip Code:</b> 75219
<b>EB-5 Capital Investment:</b>	<b>Direct and Indirect Job Creation:</b>	<b>Jobs Maintained:</b>	

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

<b>e. Name of Commercial Enterprise:</b>		<b>Industry Category Title:</b>	
<b>Address Street Number and Name:</b>	<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Aggregate EB-5 Capital Investment:</b>	<b>Aggregate Direct and Indirect Job Creation:</b>	<b>Aggregate Jobs Maintained:</b>	
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? <input type="checkbox"/> No <input type="checkbox"/> Yes			

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

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: McClellan Business Park		Industry Category Title: Construction	
Address (Street Number and Name): 3140 Peacekeeper Way	City: McClellan	State: CA	Zip Code: 95652
EB-5 Capital Investment:	Direct and Indirect Job Creation:	Jobs Maintained:	

(2) Business Name: San Bernardino Economic Development Agency		Industry Category Title: Redevelopment/Reuse Authority	
Address (Street Number and Name): 300 North D Street	City: San Bernardino	State: CA	Zip Code: 92418
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.)

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.)

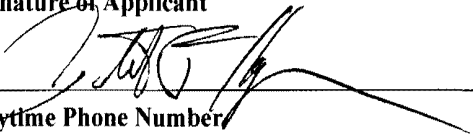
Form I-829 Petition Final Case Actions		
Approved	Denied	Revoked

**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 prepare this petition, he or she must complete 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.

<b>Signature of Applicant</b> 	<b>Printed Name of Applicant</b> Patrick F. Hogan	<b>Date (mm/dd/yyyy)</b> 12/20/2012
<b>Daytime Phone Number</b> (Area/Country Codes) 309-797-1550	<b>E-Mail Address</b> pat@cmbbeb5visa.com	
<b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b> President		

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

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

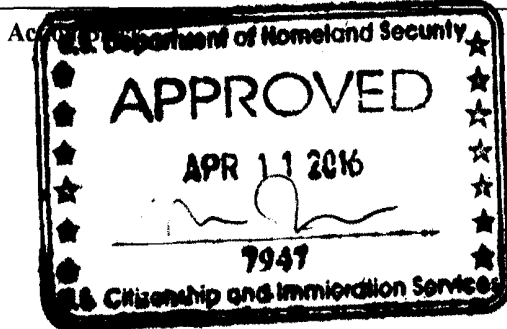
<b>Signature of Preparer</b>		<b>Printed Name of Preparer</b>	<b>Date (mm/dd/yyyy)</b>
<b>Firm Name and Address</b>			
<b>Daytime Phone Number</b> (Area/Country Codes)	<b>Fax Number (Area/Country Codes)</b>	<b>E-Mail Address</b>	



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 License No.  
146597/157532

**Part 1. Information About Principal of the Regional Center**

Name: Last Hogan	First Patrick	Middle Francis
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C/O: CMB Export LLC

Street Address/P.O. Box: 7819 42nd Street West

City: Rock Island (b)(6)	State: IL	Zip Code: 61201
Date of Birth (mm/dd/yyyy): 	Fax Number (include area code): (309) 797-1655	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 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

**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
Web site address: www.cmbeb5visa.com	Fax Number (include area code): (309) 797-1655	Telephone Number (include area code): (309) 797-1550

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

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**B. Name of Managing Company/Agency:** 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

**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):

**D. Continuation, 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.)**

N/A

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### Part 3. Information About the Regional Center *(Continued)*

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**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)
- ☒ 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.

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

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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, signed by Patrick Hogan regarding CMB Export LLC'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 LLC regularly conducts due diligence in evaluating prospective EB-5 investors, including lawful source of funds. Please refer to the attached statement by Patrick 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: <div>Construction</div>	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?  <input type="checkbox"/> No - Attach an explanation <input checked="" type="checkbox"/> Yes
NAICS Code for the Industry Category: <div>2 3 0 0 0 0</div>	
Industry Category Title: <div></div>	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?  <input type="checkbox"/> No - Attach an explanation <input type="checkbox"/> Yes
NAICS Code for the Industry Category: <div></div>	
Industry Category Title: <div></div>	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?  <input type="checkbox"/> No - Attach an explanation <input type="checkbox"/> Yes
NAICS Code for the Industry Category: <div></div>	



### 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 exemplar I-526 petition for an affiliated new commercial enterprise - CMB Export Infrastructure Investment Group XVII, LP. As reflected in the attached exemplar petition documents, as the General Partner, CMB Export LLC owns 20% of this enterprise. The EB-5 investors will collectively own the remaining 80% of CMB Export Investment Group XVII, LP.

b. Date commercial enterprise established, if any (mm/dd/yyyy): 12/31/2013

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?

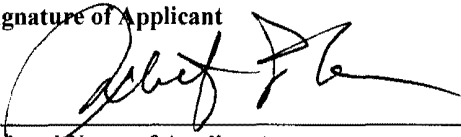
- ☐ No ☒ Yes - Attach an explanation and documentation that outlines when and under what circumstances these remittances will be paid.

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.

<b>Signature of Applicant</b> 	<b>Daytime Phone Number</b> (Area/Country Codes) (309) 797-1550	<b>Date (mm/dd/yyyy)</b> 06/17/2014
<b>Printed Name of Applicant</b> Patrick F. Hogan	<b>E-Mail Address</b> pat@cmb5visa.com	
<b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b> Owner/President		

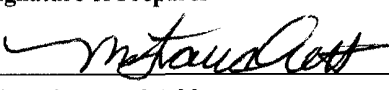
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**Part 5. Signature of Person Preparing This Form, If Other Than Above (Sign Below)**

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

<b>Signature of Preparer</b> 	<b>Printed Name of Preparer</b> Lincoln Stone / Michele Franchett	<b>Date (mm/dd/yyyy)</b> 7.15.2014
<b>Firm Name and Address</b> Stone Grzegorek & Gonzalez LLP 800 Wilshire Blvd., Suite 900, Los Angeles, CA 90017		
<b>Daytime Phone Number</b> (Area/Country Codes)  (213) 627-8997	<b>Fax Number (Area/Country Codes)</b>  (213) 627-8998	<b>E-Mail Address</b> Michele@sggimmigration.com; Lincoln@sggimmigration.com