## **Department of Homeland Security**

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Department of Homeland Security U.S. Citizenship and Immigration Services				Suppleme	ent to Form I-92	4 5
				***************************************		4
Part 1. Information About Pr.		, , , , , , , , , , , , , , , , , , , ,			<u> </u>	
Name: Last	Fire Land			Middle	•	i
· Hogan	·	trick		Francis		_
n Care Of: CMB Texas, LLC	·	·				2
Street Address/P.O. Box: 7819 42nd	d Street W.					
City: Rock Island		State: IL	State: IL		61201	•
	re of Birth Fax Number		Telephone l	Number ea code): (30	9)797-1550	
Web site address: www.cmbeb5visa	a.com					
USCIS-assigned number for the Design Regional Center's most recently issued		r (attach the RCW 1	227850774	/ RC ID	1227850774	
Part 2. Application Type (chec	ck one)		······		-	
b. Supplement for a Series of Fisca  Part 3. Information About the			YYYY) and Er	nding on Septe	ember 30,(YYY	Y)
(Use a continuation sheet, if needed, to principals, agents, individuals, or entitie	provide information	for additional manage				al ·
center.)		***************************************				
A. Name of Regional Center: CMB To	exas, LLC				,	_
Street Address/P.O. Box: 7819 4	12nd Street W.		/	*		
City: Rock Island		State: IL	State: IL		Code: 61201-	
Web site Address: www.cmbeb5visa.com	Fax Numbe (include are	r ea code): (855)852-	code): (855) 852-5133 Telephone (include area code		de): (309) 797-1550	;
B. Name of Managing Company/Agen	cy: CMB Texas,	LLC				
Street Address/P.O. Box: 7819 4	2nd Street W.					
City: Rock Island	,	State: IL	•	Zip (	Code: 61201	_
Web site Address: www.cmbeb5visa.com	Fax Number		# ··· ···	ephone clude area cod	(309) 797-1550 le):	)
C. Name of Other Agent: N/A						
Street Address/P.O. Box:	· .		4		`	

State:

Fax Number

(include area code):

egarcia2

12/29/2014

(b)(6)

City:

Web site Address:

1924A

Zip Code:

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

Telephone

(include area code)

	nswer the following questions for the time p am, attach a continuation sheet, indicate the			If extra space is ne	eded to complete any
1.	Identify the aggregate EB-5 capital investment the regional center. (Note: Separately identified in the regional center)				
ſ	Appresate FR-5 Capital Investment	Aggregate Direct an	d Indirect Job Creation	Anorenali	Inhs Maintained
2.	Identify each industry that has been the for aggregate EB-5 capital investment and job businesses".)				
	a. Industry Category Title:	, ·	,	NAICS Code fo	the Industry Category
	Construction			2 3	
	Aggregate EB-5 Capital Investment:	Aggregate Direct an	d Indirect Job Creation:	Aggregate Jobs	Maintained:
)					
	b. moustry Category Title:			NAICS Code fo	i the industry Category
	Aggregate EB-5 Capital Investment:	Aggregate Direct an	d Indirect Iob Creation:	Aggregate Jobs	Maintained:
	c. Industry Category Title:			NAICS Code for	the Industry Category
	Aggregate EB-5 Capital Investment:	Aggregate Direct and	d Indirect Job Creation:	Aggregate Jobs	Maintained:
3.	Provide the following information for each regional center that has received EB-5 inve		ial enterprise located wi	ithin the geographic	scope of your
	a. Name of Commercial Enterprise:		Industry Category	Title:	
	CMB Texas Infras. Invest.	Group 21 LP	23		,
	Address (Street Number and Name):	City:		State:	Zip Code:
	7819 42nd Street W	Rock Island		IL	61201
<b>1</b> )	Aggregate EB-5 Capital Investment:	Aggregate Direct a	and Indirect Job Creation	n: . Aggregate Job	s Maintained:
י ו	Does this EB-5 commercial enterprise serving have or will create or maintain jobs for EB		stment into other busine	ess entities that	□ No 🗵 Yes

rt 3. Information About the Region  If yes, then identify the name and address of creation/maintenance associated with each join	each job creating busin		mount of EB-5 c	apital investm
(1) Business Name:	o citating ousiness.	Industry Categor	y Title:	-
PRA Rusk at San Jacinto Partr	ners 'LP	23		
Address (Street Number and Name):	City:		State:	Zip Code
10210 N. Central Expressway	Dallas		TX	75231
EB-5 Capital Investment:	Direct and Indirect	Job Creation:	Jobs Main	ntained:
(2) Business Name		Industry Categor	y Title:	
Address (Street Number and Name):	City:		State:	Zip Code
EB-5 Capital Investment:	Direct and Indirect	Job Creation:	Jobs Main	tained:
b. Name of Commercial Enterprise:		Industry Categor	y Title:	
CMB Texas Infras. Invest. Gro	oup 22 LP	23		,
Address (Street Number and Name):	City:		State:	Zip Code
7819 42nd Street W.	Rock Island		IL	61201
Aggregate EB-5 Capita! Investment:	Aggregate Direct an	d Indirect Job Creati	on: Aggregate	e Jobs Maintai
Does this EB-5 commercial enterprise serve a have or will create or maintain jobs for EB-5		nent into other busin	ess entities that	□ No
If yes, then identify the name and address of e creation/maintenance associated with each job		ess, as well as the ar	nount of EB-5 c	apital investm
(1) Business Name:		Industry Categor	y Title:	*
FF/GCDP Ross Dallas, LLC	A S MAR PV .	23		
Address (Street Number and Name):	City:	r rum da lata	State:	Zip Code
2121 Rosecrans Ave., Ste 3321	El Segundo		CA	92660
EB-5 Capital Investment	Direct and Indirect J	ob Creation	Jobs Mair	ntained

(2) Business Name:		Industry Catego	ory Title:	
			•	
Address (Street Number and Name):	City:		State:	Zip Code:
EB-5 Capital Investment:	Direct and Indirec	Job Creation:	Jobs Mai	ntained:
c. Name of Commercial Enterprise:		Industry Catego	ory Title:	
CMB Texas Infras. Invest.	Group 24, LP	23		
Address (Street Number and Name):	City:		State:	Zip Code:
7819 42nd Street W.	Rock Island		IL	61201
				F1
Aggregate EB-5 Capital Investment:  Does this EB-5 commercial enterprise se that have or will create or maintain jobs for the second address creation/maintenance associated with each creation.	rve as a vehicle for inves for EB-5 purposes? s of each job creating bus		ness entities	□ No
Does this EB-5 commercial enterprise se that have or will create or maintain jobs for the second of	rve as a vehicle for inves for EB-5 purposes? s of each job creating bus	tment into other busi	ness entities amount of EB-5 (	□ No
Does this EB-5 commercial enterprise se that have or will create or maintain jobs to the second of t	rve as a vehicle for inves for EB-5 purposes? s of each job creating bus	tment into other busi	ness entities amount of EB-5 (	□ No
Does this EB-5 commercial enterprise se that have or will create or maintain jobs to the second of t	rve as a vehicle for inves for EB-5 purposes? s of each job creating bus	iness, as well as the	ness entities amount of EB-5 (	☐ No capital investme
Does this EB-5 commercial enterprise se that have or will create or maintain jobs for the large section of the lar	rve as a vehicle for investor EB-5 purposes?  s of each job creating business.	iness, as well as the	ness entities amount of EB-5 ory Title:	□ No capital investme
Does this EB-5 commercial enterprise se that have or will create or maintain jobs for the second of	rve as a vehicle for investor EB-5 purposes?  s of each job creating bus h job creating business.  City:	iness, as well as the  Industry Categor	ness entities amount of EB-5 cory Title: State:	□ No capi al investme  Zip Code: 90067
Does this EB-5 commercial enterprise se that have or will create or maintain jobs for the second of	rve as a vehicle for investor EB-5 purposes?  s of each job creating business.  City:  Los Angeles	iness, as well as the Industry Categor 23	iness entities amount of EB-5 of ory Title:  State:  CA  Jobs Main	□ No capi al investme  Zip Code: 90067
Does this EB-5 commercial enterprise se that have or will create or maintain jobs for the large secretarion/maintenance associated with each (1) Business Name:  Northwood Partners, LLC  Address (Street Number and Name):  1999 Avenue of the Stars	rve as a vehicle for investor EB-5 purposes?  s of each job creating business.  City:  Los Angeles	iness, as well as the  Industry Categor	iness entities amount of EB-5 of ory Title:  State:  CA  Jobs Main	□ No capital investme  Zip Code: 90067
Does this EB-5 commercial enterprise se that have or will create or maintain jobs for the second of	rve as a vehicle for investor EB-5 purposes?  s of each job creating business.  City:  Los Angeles	iness, as well as the Industry Categor 23	iness entities amount of EB-5 of ory Title:  State:  CA  Jobs Main	□ No capital investment  Zip Code: 90067

(A) The state of t		1	m'-l	
(2) Business Name:		Industry Catego	ory Title:	
Address (Street Number and Name):	City:		State:	Zip Code
•			IL	
EB-5 Capital Investment:	Direct and Indirect	Job Creation:	Jobs Ma	intained:
c. Name of Commercial Enterprise:		Industry Catego	ry Title:	
CMB Texas Infrast. Invest.	Group 27, LP	23		
Address (Street Number and Name):	City:		State:	Zip Code
7819 42nd Street West	Rock Island		IL	61201
Aggregate EB-5 Capital Investment:  Does this EB-5 commercial enterprise serve that have or will create or maintain jobs for If yes, then identify the name and address of	e as a vehicle for investi EB-5 purposes?		ness entities	□ No
Does this EB-5 commercial enterprise serve that have or will create or maintain jobs for	e as a vehicle for investi EB-5 purposes? If each job creating busi	ment into other busin	ness entities	□ No
Does this EB-5 commercial enterprise serve that have or will create or maintain jobs for If yes, then identify the name and address of	e as a vehicle for investi EB-5 purposes? If each job creating busi	ment into other busin	ness entities amount of EB-5 o	□ No
Does this EB-5 commercial enterprise serve that have or will create or maintain jobs for If yes, then identify the name and address of creation/maintenance associated with each	e as a vehicle for investi EB-5 purposes? If each job creating busi	ment into other busin	ness entities amount of EB-5 o	□ No
Does this EB-5 commercial enterprise serve that have or will create or maintain jobs for If yes, then identify the name and address of creation/maintenance associated with each (1) Business Name:	e as a vehicle for investi EB-5 purposes? If each job creating busi	ment into other busin	ness entities	□ No
Does this EB-5 commercial enterprise serve that have or will create or maintain jobs for If yes, then identify the name and address of creation/maintenance associated with each (1) Business Name: RE Projects - Pomona, LLC	e as a vehicle for investing EB-5 purposes? If each job creating busing business.	ment into other busin	ness entities amount of EB-5 or ry Title:	□ No
Does this EB-5 commercial enterprise serve that have or will create or maintain jobs for If yes, then identify the name and address of creation/maintenance associated with each (1) Business Name:  RE Projects - Pomona, LLC  Address (Street Number and Name):	e as a vehicle for investing EB-5 purposes? If each job creating busing business.	ment into other business, as well as the a	ness entities amount of EB-5 or ry Title:	Zip Code
Does this EB-5 commercial enterprise serve that have or will create or maintain jobs for If yes, then identify the name and address of creation/maintenance associated with each (1) Business Name:  RE Projects - Pomona, LLC  Address (Street Number and Name): 3090 Olive Street, Suite 300	c as a vehicle for investing EB-5 purposes? If each job creating busing business.  City: Dallas	ment into other business, as well as the a	ness entities amount of EB-5 or ry Title: State: TX	No Papital investm  Zip Code  75219
Does this EB-5 commercial enterprise serve that have or will create or maintain jobs for If yes, then identify the name and address of creation/maintenance associated with each (1) Business Name:  RE Projects - Pomona, LLC  Address (Street Number and Name): 3090 Olive Street, Suite 300	c as a vehicle for investing EB-5 purposes? If each job creating busing business.  City: Dallas	ment into other business, as well as the a	ness entities amount of EB-5 or ry Title:  State: TX  Jobs Main	Zip Code
Does this EB-5 commercial enterprise serve that have or will create or maintain jobs for If yes, then identify the name and address of creation/maintenance associated with each (1) Business Name:  RE Projects - Pomona, LLC  Address (Street Number and Name): 3090 Olive Street, Suite 300  EB-5 Capital Investment:	c as a vehicle for investing EB-5 purposes? If each job creating busing business.  City: Dallas	ment into other business, as well as the a Industry Catego	ness entities amount of EB-5 or ry Title:  State: TX  Jobs Main	No Papital investm  Zip Code  75219
Does this EB-5 commercial enterprise serve that have or will create or maintain jobs for If yes, then identify the name and address of creation/maintenance associated with each (1) Business Name:  RE Projects - Pomona, LLC  Address (Street Number and Name): 3090 Olive Street, Suite 300  EB-5 Capital Investment:	c as a vehicle for investing EB-5 purposes? If each job creating busing business.  City: Dallas	ment into other business, as well as the a Industry Catego	ness entities amount of EB-5 or ry Title:  State: TX  Jobs Main	Zip Code
Does this EB-5 commercial enterprise serve that have or will create or maintain jobs for If yes, then identify the name and address of creation/maintenance associated with each (1) Business Name:  RE Projects - Pomona, LLC  Address (Street Number and Name): 3090 Olive Street, Suite 300  EB-5 Capital Investment:	c as a vehicle for investing EB-5 purposes?  If each job creating business.  City: Dallas  Direct and Indirect	ment into other business, as well as the a Industry Catego	ness entities amount of EB-5 or ry Title:  State: TX  Jobs Main y Title:	Zip Code 75219

I. Name of Commercial Enterprise:		Industry Categor	v Title:	
CMB TEXAS THITTAS. THVESCHE	nt Group 25, LF	23	,	
Address (Street Number and Name):	City:	······································	State:	Zip Code:
7819 42nd Street W.	Rock Island	<b>b</b>	IL	61201
Aggregate EB-5 Capital Investment:	Aggregate Direct and I	ndirect Job Creat	ion: Aggregate	e Jobs Maintaine
			-	
Does this EB-5 commercial enterprise serv		t into other busin	ess entities	∏ No
hat have or will create or maintain jobs for f yes, then identify the name and address ob creation/maintenance associated with e	of each job creating business	, as well as the ar	nount of EB-5 ca	`
(I) Business Name:	7	Industry Categor	y Title:	······································
Stillwater Residential Inve	estments, LLC	23		
Address (Street Number and Name):	City:		State:	Zip Code:
4145 Travis St., Suite 202	Dallas		тx	75204
EB-5 Capital Investment:	Direct and Indirect Job	Creation:	Johs Main	itained:
(2) Business Name:		Industry Category	/ Title:	
	•			1
Address (Street Number and Name):	City:		State:	Zip Code:
			,	
Address (Street Number and Name): EB-5 Capital Investment:	City: . Direct and Indirect Job	Creation:	State: Jobs Main	
	Direct and Indirect Job	Creation:	Jobs Main	
EB-5 Capital Investment:	Direct and Indirect Job		Jobs Main	
EB-5 Capital Investment:  Name of Commercial Enterprise:	Direct and Indirect Job	Industry Categor	Jobs Main	
EB-5 Capital Investment:  Name of Commercial Enterprise:  CMB Texas Infras. Invest. 6	Direct and Indirect Job	Industry Categor	Jobs Main y Title:	stained:

job creation/mainter	the name and address or cliance associated with each		siness, as well as the a	mount of EB-5 c	apital investme
(1) Business'Nam	e: ·		Industry Catego	ry Title:	
RE Projects	B - DFW 1, LLC		23		
Address (Street N	umber and Name):	City:		State:	Zip Code:
3090 Olive 5	Street, Suite 300	Dallas		TX	75219
EB-5 Capital Inve	stment:	Direct and Indire	ct Job Creation:	Jobs Mai	ntained:
(2) Business Nam	e:		Industry Categor	ry Title:	
		<b></b>			
Address (Street N	umber and Name):	City:		State:	Zip Code:
				TX	
EB-5 Capital Inve	stment:	Direct and Indirec	ct Job Creation;	Jobs Mai	ntained:
investments sponsor	nber of approved, denied a ed by the regional center. (				
then note the case as	approved.)				
then note the case as	Form 1-520	6 Petition Final Ca	se Actions		
E		6 Petition Final Ca Denied	se Actions Revoked		
(b)(4)	Form 1-520	-			·
(b)(4) Provide the total num	Form 1-520 Approved  there of approved, denied and by the regional center. (	Denied	Revoked -829 petitions filed by		
(b)(4)  Provide the total numinvestments sponsore	Form 1-520 Approved  There of approved, denied a by the regional center. (approved.)  Form 1-829	Denied	Revoked -829 petitions filed by action was ultimately se Actions		
(b)(4)  Provide the total numinvestments sponsore	Form I-520 Approved  There of approved, denied a ded by the regional center. (approved.)	Denied  Ind revoked Form I	Revoked -829 petitions filed by action was ultimately		
(b)(4)  Provide the total numinvestments sponsore	Form 1-520 Approved  There of approved, denied a by the regional center. (approved.)  Form 1-829	Denied  Ind revoked Form I.  Note: If an adverse	Revoked -829 petitions filed by action was ultimately se Actions		

-			
•••	*	nation on penalties in the instructions before n, he or she must compete <b>Part</b> 5.	completing this section. If
submitted with it are all true	and correct. I authorize the	United States of America, that this supplemental release of any information from my records that the benefit being sought. I also certify that I have	U.S. Citizenship and
Signature of Applicant	2/1	Printed Name of Applicant	Date (mm/dd/yyyy)
( July 7		Patrick F. Hogan	12/15/2014
Daytime Phone Number (Area/Country Codes)		E-Mail Address	
(309) 797-1550		pat@cmbeb5visa.com	
Relationship to the Regio	nal Center Entity (Managi	ng Member, President, CEO, etc.)	
Part 5. Signature of	Person Preparing Thi	s Form, If Other Than Above (Sign Bel	low)
	form using information pro are those provided by the I	ovided by someone with authority to act on behalf Regional Center.	of the Regional Center, and
Attorney or Representativ you by Fax or E-mail?	e: In the event of a Reques	t for Evidence (RFE), may the USCIS contact	□ No □ Yes
Signature of Preparer		Printed Name of Preparer	Date (mm/dd/yyyy)
Firm Name and Address			
<u> </u>			
Daytime Phone Number (Area/Country Codes)	Fax Number (Area/ Country Codes)	E-Mail Address	
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Department of Homeland Security U.S. Citizenship and Immigration Services

Action Block - for Action Block	RCW1 egarcia2  G-28 attached Attorney's State Li	42755 (1924) cense No.	1897 10/02/2014		
Part 1. Information About Principal of the R	legional Cen	ter			
	First		Middle		
Hogan	Patrick		Franci	is 	
C/O: CMB Texas LLC					
Street Address/P.O. Box: 7819 42nd Street Wes	t				
City: Rock Island	State: IL	,, ,, ,	Zip Co	de: 61201	
Date of Birth (mm/dd/yyyy): Fax Number (include are	1200	) 797-1655 Te	elephone Num nclude area co	tber de): (309) 797-1550	
Web site address: www.cmbeb5visa.com  Part 2. Application Type (Check one)					
a. Initial Application for Designation as a Regional C	Center				
b. Amendment to an approved Regional Center applia Regional Center's previous approval notice): Requestion RCW122785774 / RC ID 1227850774		• • •	•	- 1	
Part 3. Information About the Regional Cen	ter		-		
(Use a continuation sheet, if needed, to provide informatio principals, agents, individuals or entities who are or will be center.)					
A. Name of Regional Center: CMB Texas, LLC					
Street Address/P.O. Box: 7819 42nd Street W	est	one announce of the same time to the same time time to the same time time time time time time time ti	······································		
City: Rock Island	State: IL			Zip Code: 61201	
Web site address:	Fax Number (	include area code):	Telephone Nu	umber (include area code):	
www.cmbeb5visa.com	(309) 797	-1655	(309) 79	7-1550	

3. Name of Managing Company/Agency	y: N/A		
Street Address/P.O. Box:			
City:	State: IL Zip Code		Zip Code:
Web site address:	Fax Number (include area code):	Telephone Nu	mber (include area code
C. Name of Other Agent:			
Street Address/P.O. Box:			,
City:	State:	Z	Lip Code:
Web site address:	Fax Number (include area code):	Telephone Nur	nber (include area code

1	Note: If extra space is needed to complete any item, attach a continuation sheet, indicate the item number, and provide the re
	1a. Describe the structure, ownership and control of the regional center entity.
	CMB Texas, LLC ("CMB Texas") is a limited liability company, ownership of which is by the Patrick F. Hogan Trust, Patrick F. Hogan Managing Member.
	b. Date the Regional Center was established(mm/dd/yyyy): 08/06/2012
	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 For 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, i
	3. Describe the geographic area of the regional center. Note: This area must be contiguous. Provide a map of the geographi
	Per USCIS letter (dated June 4, 2014), CMB Texas has authorization to operate within the entire state of Texas.
	4. Describe the regional center's administration, oversight, and management functions that are or will be in place to monitor capital investment activities and the allocation of the resulting jobs created or maintained under the sponsorship of the region center.
	The administration, oversight, and management functions for CMB Texas are being conthrough an affiliated regional center entity, CMB Export LLC. CMB Export LLC has be 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 familiar with all USCIS requirements to maintain CMB Texas' regional center designal Additionally, there are several full-time employees that assist with the monitoring

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

<b>8a.</b> Describe and document the current and/or prospective st EB-5 alien investors have or will make their capital investors		nmercial entity(s) in w
CMB Texas is seeking approval of an exemplar I-CMB Texas Infrastructure Investment Group XIX, documents, as the General Partner, CMB Texas ow collectively own the remaining of CMB Texas	526 petition for an affiliated new LP. As reflected in the attached ms of this enterprise. The EF	exemplar petition -5 investors will
torrectively own the remaining of the rexas	a initialitudidie investment ofoup a	и, ш.
b. Date commercial enterprise established, if any (mm/dd/y	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 comm	percial enterprise?
☐ No ☐ Yes - Attach an explanation and document will be paid.		•
e. Has or will the Regional Center or any of its principals of through EB-5 capital investment activities from this con required of the EB-5 alien entrepreneurs?		
No Yes - Attach an explanation and document will be paid.	tation that outlines when and under what c	ircumstances these ren
Part 4. Applicant Signature Read the information someone helped you prepare this petition, he I certify, under penalty of perjury under the laws of the Unite all true and correct. I authorize the release of any information to determine eligibility for the benefit being sought. I also ce	or she must compete Part 5.  ed States of America, that this form and the from my records that U.S. Citizenship an	e evidence submitted w
Signature of Applicant_	Daytime Phone Number	Date (mm/dd/yyy
TH M	(Area/Country Codes)	
Men VI	(309) 797-1550	08/28/2014
Printed Name of Applicant	E-Mail Address	
Patrick F. Hogan	Pat@cmbeb5visa.com	
Relationship to the Regional Center Entity (Managing M	lember, President, CEO, etc.)	

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

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

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

Date (mm/dd/yyyy)

☐ No

X Yes

Firm Name and Address

Signature of Preparer

Stone Grzegorek & Gonzalez LLP

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

Daytime Phone Number (Area/Country Codes)

Fax Number (Area/ Country Codes)

E-Mail Address

**Printed Name of Preparer** 

(213) 627-8997 (213) 627-8998 lincoln@sggimmigration.com/elsie@sggimmigration.com/

Lincoln Stone / Elsie Arias

(b)(6)

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	Les Cineco de good transporting services	Attorney's State License No.
Par.	· · · · · · · · · · · · · · · · · · ·	146597 / 208665

Part 1. Information About Principa	il of the Regional Center	
Name: Last	First	Middle
Hogan	Patrick	Francis
C/O:		
Street Address/P.O. Box: 7819 42nd St	reet West	
City: Rock Island	State: IL	Zip Code: 61201
	Fax Number (include area code): (855) 852-5	Telephone Number (include area code): (309) 797-1550
Web site address: www.cmbeb5visa.com		
Part 2. Application Type (Check on	e)	
<b>a.</b> Initial Application for Designation as	a Regional Center	
<b>b.</b> Amendment to an approved Regional Regional Center's previous approval n	ation):	application receipt number, if any (also attach the
Part 3. Information About the Regi	ional Center	
(Use a continuation sheet, if needed, to provid principals, agents, individuals or entities who a center.)  A. Name of Regional Center: CMB Texas,	are or will be involved in the manager	nent companies/agencies, Regional Center ment, oversight, and administration of the regional
Street Address/P.O. Box: 7819 42nd	Street West	
City: Rock Island	State: IL	Zip Code: 61201
Web site address:	Fax Number (include ar	ea code): Telephone Number (include area code):
www.cmbeb5visa.com	(855) 852-5133	(309) 797-1550





	Texas, LLC		
Street Address/P.O. Box: 7819 42nd Str	eet West		
City: Rock Island	State: IL		Zip Code: 61201
Web site address: www.cmbeb5visa.com	Fax Number (include area code): (855) 852-5133	Telephone N	· ·
C. Name of Other Agent:			
Street Address/P.O. Box:	A		•
City:	State:		Zip Code:
Web site address:	Fax Number (include area code):	Telephone N	Jumber (include area code):
President: Patrick F. Hogan Senior Vice President: Kraig A. S Executive Director: Ky Boyle Director of Company Operations: F	Schwigen Pam Ellis		

Form 1-924 (11/23/10) Page 2

(b)((44)

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 Texas, LLC is owned and controlled by Patrick F. Hogan.
b. Date the Regional Center was established(mm/dd/yyyy):
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.
Please see attached Addendum and map.

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.

The CMB Regional Centers, CMB Export, LLC and CMB Summit, LLC, have been operating for over 15 years. Throughout this period of time, Mr. Patrick F. Hogan has maintained compliance with all monitoring and reporting requirements of the USCIS. CMB Export, LLC is among a very small group of Regional Centers that has achieved I-829 approvals for their investors and CMB Export, LLC has accomplished this over multiple partnerships. CMB Regional Centers employ a loan model of investment and each loan agreement contains reporting requirements of the borrower. CMB staff and outside experts monitor the spending activities of each borrower and the resulting job creation from these capital expenditures. This will all be a part of the monitoring activities of CMB Texas, LLC.



Part 3. Information About the Regional Center (Continued)		
activity, along with evidence of the funds committed to the for the regional center that addresses how EB-5 investors w opportunities will be offered to the investors, and how they	for the regional center. Include a description of the budget for this regional center for promotional activities. Submit a plan of operation will be recruited, the method(s) by which the capital investment will subscribe or commit to the investment interest.	
Please see attached Addendum.		
	a supporting a due diligence screening of its alien investor's lawful est the requisite amount of capital. Also, describe the regional center's tice.	
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:	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	
0 0 0 0 2 3	X Yes	
Industry Category Title:	Is the Form I-924 application supported by an economic analysis and underlying business plan for the determination of prospective EB-5 job creation through EB-5 investments in this industry category?	
NAICS Code for the Industry Category:	☐ No - Attach an explanation ☐ Yes	
Industry Category Title:	Is the Form I-924 application supported by an economic analysis and underlying business plan for the determination of prospective EB-5 job creation through EB-5 investments in this industry category?	
NAICS Code for the Industry Category:	☐ No - Attach an explanation ☐ Yes	



	scribe and document the current and/or prospective -5 alien investors have or will make their capital inv		ership and control of the comr	nercial entity(s) in which
As outlined in the sample Limited Partnership Agreement, each organized offering will structured as a limited partnership with CMB Texas, LLC serving as a General Partner Co-General Partner. The General Partner will hold interest in the limited partnership, and EB-5 investors will collectively own the remaining of the enterprise.				
b. Da	te commercial enterprise established, if any (mm/do	l/yyyy):		-
c. Or	ganization Structure for commercial enterprise:			
	1. Corporation			
X	2. Partnership (including Limited Partnership)			
	3. Limited Liability Company (LLC)			
	4. Other (Explain)			
<b>d.</b> H:	as or will the Regional Center or any of its principal	s or agents have	an equity stake in the commer	cial enterprise?
	No X Yes - Attach an explanation and docume will be paid. See attached.	entation that outli	nes when and under what circ	cumstances these remitte
thi	as or will the Regional Center or any of its principal rough EB-5 capital investment activities from this capited of the EB-5 alien entrepreneurs?	-		
	No Yes - Attach an explanation and docume will be paid. See attached.	entation that outli	nes when and under what circ	cumstances these remitte
I certif	4. Applicant Signature Read the informat someone helped you prepare this petition, by, under penalty of perjury under the laws of the United and correct. I authorize the release of any informat rmine eligibility for the benefit being sought. I also	the or she must on the states of Amilion from my reco	nerica, that this form and the eards that U.S. Citizenship and	evidence submitted with Immigration Services no
	ture of Applicant		Daytime Phone Number	Date (mm/dd/yyyy)
Joigh			(Area/Country Codes)	(,,,,,,,
	(M) T/A		(309) 797-1550	
Printe	ed Name of Applicant		E-Mail Address	
Patr	ick F. Hogan		pat@cmbeb5visa.com	
Relati	onship to the Regional Center Entity (Managing	Member, Presid	lent, CEO, etc.)	
Pres	ident			
				Form I-924 (11/23/10)

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

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

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

☐ No

X Yes

Signature of Preparer

Printed Name of Preparer

Date (mm/dd/yyyy)

Lincoln Stone / Elsie Arias

Firm Name and Address

Store & Grzegorek LLP

800 Wilshire Boulevard, Suite 900, Los Angeles, California 90017

Daytime Phone Number (Area/Country Codes)

Fax Number (Area/ Country Codes)

E-Mail Address

(213) 627-8997

(213) 627-8998

elsie@lskglaw.com / lincoln@lskglaw.com



# Form I-924A,

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

# Supplement to Form I-924

Name: Last	Fi	irst		Middle	
Hogan	P	atrick		Francis	
In Care Of: CMB Texas, LLC					
Street Address/P.O. Box: 7819 42	nd Street W.				
City: Rock Island		State: IL		Zip Code: 61201	, par
	ax Number include area code): (8	355) 852-5133	Telephone	Number (309) 797-1	1550
Web site address: www.cmbeb5vi	sa.com				
USCIS-assigned number for the Desi Regional Center's most recently issue			1227850774	/ RC ID 1227850	774
Part 2. Application Type (ch	eck one)				
a. Supplement for the Fiscal Yea	ar Ending September 3	30, <u>2014</u> (YYYY)			
<b>b.</b> Supplement for a Series of Fig.	scal Years Beginning	on October 1,	(YYYY) and En	ding on September 30,	(YYY
Part 3. Information About t	he Regional Cente	er			
Use a continuation sheet, if needed, to principals, agents, individuals, or enti-					
	Texas, LLC			gni, and administration	of the region
A. Name of Regional Center: CMB	Texas, LLC			gitt, and administration	of the region
A. Name of Regional Center: CMB  Street Address/P.O. Box: 7819  City: Rock Island		State: IL		Zip Code: 612	
A. Name of Regional Center: CMB  Street Address/P.O. Box: 7819	42nd Street W.	State: II,	To	Zip Code: 612	01
A. Name of Regional Center: CMB  Street Address/P.O. Box: 7819  City: Rock Island  Web site Address: www.cmbeb5visa.com	42nd Street W.  Fax Number (include ar	State: IL, er rea code): (855) 85	To	Zip Code: 612	01
A. Name of Regional Center: CMB  Street Address/P.O. Box: 7819  City: Rock Island  Web site Address: www.cmbeb5visa.cc  3. Name of Managing Company/Age	42nd Street W.  Fax Number (include ar	State: IL, er rea code): (855) 85	To	Zip Code: 612	01
A. Name of Regional Center: CMB  Street Address/P.O. Box: 7819  City: Rock Island  Web site Address: www.cmbeb5visa.cc  B. Name of Managing Company/Age	Fax Number (include arency: CMB Texas,	State: IL, er rea code): (855) 85	To	Zip Code: 612	797-155
A. Name of Regional Center: CMB  Street Address/P.O. Box: 7819  City: Rock Island  Web site Address: www.cmbeb5visa.cc  B. Name of Managing Company/Age  Street Address/P.O. Box: 7819	Fax Number of Company (include areas)  Fax Number of Company (include areas)  Fax Number of Company (include areas)  Fax Number of Company (include areas)	State: IL er rea code): (855) 85  LLC  State: IL er (855) 85	2-5133 Tel	Zip Code: 612 ephone clude area code): (309  Zip Code: 61	01 ) 797-155 201
A. Name of Regional Center: CMB  Street Address/P.O. Box: 7819  City: Rock Island  Web site Address: www.cmbeb5visa.cc  B. Name of Managing Company/Age  Street Address/P.O. Box: 7819  City: Rock Island  Web site Address: www.cmbeb5visa.cc	Fax Number of Company (include areas).  42nd Street W.  Fax Number of Company (include areas).  Fax Number of Company (include areas).	State: IL er rea code): (855) 85  LLC  State: IL er (855) 85	2-5133 Tel	Zip Code: 612 ephone clude area code): (309  Zip Code: 61	797-155
A. Name of Regional Center: CMB  Street Address/P.O. Box: 7819  City: Rock Island  Web site Address: www.cmbeb5visa.cc  3. Name of Managing Company/Age  Street Address/P.O. Box: 7819  City: Rock Island  Web site Address: www.cmbeb5visa.cc	Fax Number of Company (include areas).  42nd Street W.  Fax Number of Company (include areas).  Fax Number of Company (include areas).	State: IL er rea code): (855) 85  LLC  State: IL er (855) 85	2-5133 Tel	Zip Code: 612 ephone clude area code): (309  Zip Code: 61	01 ) 797-155 201
A. Name of Regional Center: CMB  Street Address/P.O. Box: 7819  City: Rock Island  Web site Address: www.cmbeb5visa.cc  B. Name of Managing Company/Age  Street Address/P.O. Box: 7819  City: Rock Island  Web site Address: www.cmbeb5visa.cc  C. Name of Other Agent: N/A	Fax Number of Company (include areas).  42nd Street W.  Fax Number of Company (include areas).  Fax Number of Company (include areas).	State: IL er rea code): (855) 85  LLC  State: IL er (855) 85	2-5133 Tel	Zip Code: 612 ephone clude area code): (309  Zip Code: 61	01 ) 797-155 201



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

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

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1	D)11/441	
١	<b>₩//\\</b> ''	,

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

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

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

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

a. Name of Commercial Enterprise:			Industry Category Title:			
	CMB Texas Infras. Invest. Group 21 LP		23			
ļ	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 I	indirect Job Creation:	Aggregate Jobs	s Maintaine	ed:
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	X Yes

(b))(4)

(1) Business Name:		Industry Category Ti	tle:	7 JA 7 JA 144 L
PRA Rusk at San Jacinto Parti	ners LP	23		
Address (Street Number and Name):	City:		State:	Zip Code:
10210 N. Central Expressway	Dallas		TX	75231
EB-5 Capital Investment:	Direct and Indirect J	ob Creation:	Jobs Maint	tained:
(2) Business Name		Industry Category Ti	tle:	
Address (Street Number and Name):	City:		State:	Zip Code:
EB-5 Capital Investment:	Direct and Indirect J	ob Creation:	Jobs Maint	ained:
b. Name of Commercial Enterprise:		Industry Category Ti	tle:	
CMB Texas Infras. Invest. Gro	oup 22 LP	23	uc.	
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 Maintaine
Does this EB-5 commercial enterprise serve have or will create or maintain jobs for EB-5		ent into other business e	entities that	☐ No ∑
If yes, then identify the name and address of creation/maintenance associated with each jo		ess, as well as the amou	nt of EB-5 ca	apital investmen
(1) Business Name:		Industry Category Ti	tle:	
FF/GCDP Ross Dallas, LLC		23		
Address (Street Number and Name):	City:	······	State:	Zip Code

El Segundo

Direct and Indirect Job Creation

2121 Rosecrans Ave., Ste 3321

EB-5 Capital Investment

(b)((41)

92660

CA

Jobs Maintained

(2) Business Name:		Industry Catego	ory Title:	
Address (Street Number and Name):	City:		State:	Zip Code
EB-5 Capital Investment:	Direct and Indirect	t Job Creation:	Jobs Ma	intained:
c. Name of Commercial Enterprise:		Industry Catego	ory Title:	
CMB Texas Infras. Invest.	Group 24, LP	23		
Address (Street Number and Name):	City:		State:	Zip Code
7819 42nd Street W.	Rock Island		IL	61201
		17.1 7.1.0		
that have or will create or maintain jobs  If yes, then identify the name and addres	for EB-5 purposes?  ss of each job creating bus	tment into other busi	ness entities	le Jobs Mainta
Does this EB-5 commercial enterprise so that have or will create or maintain jobs  If yes, then identify the name and addres	erve as a vehicle for investor EB-5 purposes?	tment into other busi	ness entities amount of EB-5	☐ No
Does this EB-5 commercial enterprise so that have or will create or maintain jobs If yes, then identify the name and addres creation/maintenance associated with ear	erve as a vehicle for investor EB-5 purposes?	tment into other busi	ness entities amount of EB-5	☐ No
Does this EB-5 commercial enterprise so that have or will create or maintain jobs  If yes, then identify the name and address creation/maintenance associated with each (1) Business Name:	erve as a vehicle for investor EB-5 purposes?	siness, as well as the a	ness entities amount of EB-5	☐ No
Does this EB-5 commercial enterprise so that have or will create or maintain jobs  If yes, then identify the name and address creation/maintenance associated with each (1) Business Name:  Northwood Partners, LLC	erve as a vehicle for investor EB-5 purposes?  as of each job creating business.	siness, as well as the a	ness entities amount of EB-5 ory Title:	☐ No capital investn
Does this EB-5 commercial enterprise so that have or will create or maintain jobs  If yes, then identify the name and address creation/maintenance associated with each (1) Business Name:  Northwood Partners, LLC  Address (Street Number and Name):	erve as a vehicle for investor EB-5 purposes?  as of each job creating business.  City:	siness, as well as the a	ness entities amount of EB-5 ory Title:  State:	□ No capital investm
Does this EB-5 commercial enterprise se that have or will create or maintain jobs  If yes, then identify the name and addres creation/maintenance associated with each  (1) Business Name:  Northwood Partners, LLC  Address (Street Number and Name):  1999 Avenue of the Stars	erve as a vehicle for investor EB-5 purposes?  as of each job creating business.  City:  Los Angeles	siness, as well as the a	ness entities amount of EB-5 ory Title:  State:  CA  Jobs Mair	□ No capital investm
Does this EB-5 commercial enterprise se that have or will create or maintain jobs  If yes, then identify the name and addres creation/maintenance associated with each (1) Business Name:  Northwood Partners, LLC  Address (Street Number and Name): 1999 Avenue of the Stars  EB-5 Capital Investment:	erve as a vehicle for investor EB-5 purposes?  as of each job creating business.  City:  Los Angeles	iness, as well as the a Industry Categor 23	ness entities amount of EB-5 ory Title:  State:  CA  Jobs Mair	□ No capital investm
Does this EB-5 commercial enterprise se that have or will create or maintain jobs  If yes, then identify the name and addres creation/maintenance associated with each  (1) Business Name:  Northwood Partners, LLC  Address (Street Number and Name):  1999 Avenue of the Stars  EB-5 Capital Investment:	erve as a vehicle for investor EB-5 purposes?  as of each job creating business.  City:  Los Angeles	iness, as well as the a Industry Categor 23	ness entities amount of EB-5 ory Title:  State:  CA  Jobs Mair	□ No capital investm

(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 Mai	intained:
c. Name of Commercial Enterprise:		Industry Catego	ory Title:	
CMB Texas Infrast. Invest.	Group 27,	LP 23		
Address (Street Number and Name):	City:		State:	Zip Code
7819 42nd Street West	Rock Is	sland	IL	61201
Aggregate EB-5 Capital Investment:	Aggregate	Direct and Indirect Job Crea	ation: Aggregat	e Jobs Maintai
Does this EB-5 commercial enterprise serve that have or will create or maintain jobs for the serve that the serve is the serve that have or will create or maintain jobs for the serve is t	r EB-5 purpose	s?		☐ No
that have or will create or maintain jobs fo If yes, then identify the name and address creation/maintenance associated with each	r EB-5 purpose of each job crea	s? ting business, as well as the siness.	amount of EB-5 c	
that have or will create or maintain jobs fo  If yes, then identify the name and address creation/maintenance associated with each  (1) Business Name:	r EB-5 purpose of each job crea	s? ting business, as well as the	amount of EB-5 c	
that have or will create or maintain jobs fo  If yes, then identify the name and address creation/maintenance associated with each  (1) Business Name:  RE Projects - Pomona, LLC	r EB-5 purpose of each job crea job creating bu	s? ting business, as well as the siness.	amount of EB-5 c	capital investm
that have or will create or maintain jobs fo  If yes, then identify the name and address creation/maintenance associated with each  (1) Business Name:	r EB-5 purpose of each job creating but	s? ting business, as well as the siness.	amount of EB-5 c	capital investm
that have or will create or maintain jobs fo  If yes, then identify the name and address creation/maintenance associated with each  (1) Business Name:  RE Projects - Pomona, LLC  Address (Street Number and Name):	r EB-5 purpose of each job creating but City:  O Dallas	s? ting business, as well as the siness.	amount of EB-5 cory Title:	Zip Code
that have or will create or maintain jobs fo  If yes, then identify the name and address creation/maintenance associated with each  (1) Business Name:  RE Projects - Pomona, LLC  Address (Street Number and Name):  3090 Olive Street, Suite 30	r EB-5 purpose of each job creating but City:  O Dallas	s?  ating business, as well as the siness.  Industry Categor	amount of EB-5 cory Title:  State:	Zip Code
that have or will create or maintain jobs fo  If yes, then identify the name and address of creation/maintenance associated with each  (1) Business Name:  RE Projects - Pomona, LLC  Address (Street Number and Name):  3090 Olive Street, Suite 30	r EB-5 purpose of each job creating but City:  O Dallas	s?  ating business, as well as the siness.  Industry Categor	amount of EB-5 cory Title:  State:  TX  Jobs Main	Zip Code
that have or will create or maintain jobs fo If yes, then identify the name and address creation/maintenance associated with each (1) Business Name:  RE Projects - Pomona, LLC  Address (Street Number and Name): 3090 Olive Street, Suite 30  EB-5 Capital Investment:	r EB-5 purpose of each job creating but City:  O Dallas	s?  ting business, as well as the siness.  Industry Category  Indirect Job Creation:	amount of EB-5 cory Title:  State:  TX  Jobs Main	Zip Code

1. Name of Commercial Enterprise:		Industry Category Title:		
CMB Texas Infras. Investmen	t Group 25, LP	23		
Address (Street Number and Name):	City:		State:	Zip Code:
7819 42nd Street W.	Rock Island		IL	61201
Aggregate EB-5 Capital Investment:	Aggregate Direct	and Indirect Job Creat	ion: Aggregate	Jobs Maintaine
Does this EB-5 commercial enterprise serv hat have or will create or maintain jobs for		ment into other busin	ess entities	☐ No
f yes, then identify the name and address of ob creation/maintenance associated with each			mount of EB-5 ca	apital investmer
(1) Business Name:		Industry Categor	y Title:	
Stillwater Residential Inve	stments, LLC	23		
Address (Street Number and Name):	City:	s	State:	Zip Code:
4145 Travis St., Suite 202	Dallas		TX	75204
EB-5 Capital Investment:	Direct and Indirect	t Job Creation:	Jobs Main	tained:
(2) Business Name:		Industry Categor	y Title:	
Address (Street Number and Name):	City:		State:	Zip Code:
Address (Street Number and Name):  EB-5 Capital Investment:	City: Direct and Indirec	t Job Creation:	State:  Jobs Mair	
	•	t Job Creation:		
	•	t Job Creation:	Jobs Mair	
EB-5 Capital Investment:	Direct and Indirec		Jobs Mair	
EB-5 Capital Investment:  . Name of Commercial Enterprise:	Direct and Indirec	Industry Categor	Jobs Mair	
EB-5 Capital Investment:  Name of Commercial Enterprise:  CMB Texas Infras. Invest. G	Direct and Indirect	Industry Categor	Jobs Main y Title:	itained:
EB-5 Capital Investment:  e. Name of Commercial Enterprise:  CMB Texas Infras. Invest. G  Address Street Number and Name:	Direct and Indirect and Indirec	Industry Categor	Jobs Main y Title: State: IL	zip Code:

job creation/maintenance associated with each		ss, as well as the ar	mount of EB-5 ca	apital investment and
(1) Business Name:		Industry Categor	ry Title:	
RE Projects - DFW 1, LLC		23		
Address (Street Number and Name):	City:	<u> </u>	State:	Zip Code:
3090 Olive Street, Suite 300	Dallas		TX	75219
EB-5 Capital Investment:	Direct and Indirect Jo	b Creation:	Jobs Mai	ntained:
(2) Business Name:		Industry Categor	ry Title:	
(2) Business Name:		Industry Categor	y Title:	
(2) Business Name:  Address (Street Number and Name):	City:	Industry Categor	y Title:	Zip Code:
, , , , , , , , , , , , , , , , , , ,	City:	Industry Categor		Zip Code:
	City:  Direct and Indirect Jo		State:	

**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>b</b> ))(44)						

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>b</b> ))(44)						
`						

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

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	-/1	Printed Name of Applicant	Date (mm/dd/yyyy)
Jely T		Patrick F. Hogan	12/15/2014
Daytime Phone Number		E-Mail Address	
(Area/Country Codes)			
(309) 797-1550		pat@cmbeb5visa.com	
Relationship to the Regiona	al Center Entity (Mana	ging Member, President, CEO, etc.)	
Managing Member			
<u> </u>			
Part 5. Signature of P	erson Preparing Th	is Form, If Other Than Above (Sign	Below)
I declare that I prepared this f the answers and information a		rovided by someone with authority to act on be Regional Center.	half of the Regional Center, and
Attorney or Representative: you by Fax or E-mail?	In the event of a Reque	est for Evidence (RFE), may the USCIS contact	□ No □ Yes
Signature of Preparer		Printed Name of Preparer	Date (mm/dd/yyyy)
Firm Name and Address			
Daytime Phone Number	Fax Number (Area/	E-Mail Address	
1 -	Country Codes)	E-Wan Address	
	•		

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

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

(b))(6)

Do Not Write in This Block - f	or USCIS Use Only (except G	-28 block helow)				
Action Black U.S. Department of Homeland Security  APPROVED  SEP 1 1 2015  SEP 1 1 2015  U.S. Citizenship and Immigration Services	RCW maginger  G-28 attached  Attorney's State Li	RCW1435352172 maginger 1924 12/19/2014				
Part 1. Information About Principal of the R	Regional Center					
Name: Last Hogan	First Patrick	Middle Francis				
C/O: CMB Texas LLC						
Street Address/P.O. Box: 7819 42nd Street Wes	t					
City: Rock Island	State: II,	Zip Code: 61201				
Date of Birth (mm/dd/yyyy): Fax Number (include are	(200) 707 1055					
Part 2. Application Type (Check one)  a. Initial Application for Designation as a Regional Control of the Contr						
k. Amendment to an approved Regional Center appliance Regional Center's previous approval notice): Requirements Regional Center applications approved Regional Center applications approved Regional Center applications approved Regional Center applications approved Regional Center's previous approved Regional Center's Regional Center'						
		RC ID 1227850774				
Part 3. Information About the Regional Cen	ter					
	(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 Texas LLC						
Street Address/P.O. Box: 7819 42nd Street W	est					
City: Rock Island	State: IL	<b>Zip Code:</b> 61201				
Web site address: www.cmbeb5visa.com	Fax Number (include area code): (309) 797-1655	Telephone Number (include area code): (309) 797-1550				

. 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)

	e: If extra space is needed to complete any item, attach a continuation sheet, indicate the item number, and provide the res
1a.	Describe the structure, ownership and control of the regional center entity.
	Texas LLC ("CMB Texas") is a limited liability company, ownership of which is he by the Patrick F. Hogan Trust, and by the Joan L. Hogan Trust, Patrick F. Hogan Member.
b.	Date the Regional Center was established(mm/dd/yyyy): 08/06/2012
<b>c.</b> '	Organization Structure for the Regional Center:
1	1. Agency of a U.S. State or Territory (identify)
	2. Corporation
	3. Partnership (including Limited Partnership)
ſ	4. Limited Liability Company (LLC)
ſ	5. Other (Explain)
en <sup>1</sup>	tire state of Texas.
4 1	Describe the regional center's administration, oversight, and management functions that are or will be in place to monitor apital investment activities and the allocation of the resulting jobs created or maintained under the sponsorship of the region enter.
c	
The this operation of the thickness of t	rough an affiliated regional center entity, CMB Export LLC. CMB Export LLC has be erating as a regional center for over 17 years, and throughout this period, has operly complied with all monitoring and reporting requirements. Patrick F. Hogan miliar with all USCIS requirements to maintain CMB Export's regional center
The this operation of the thickness of t	operly complied with all monitoring and reporting requirements. Patrick F. Hogan miliar with all USCIS requirements to maintain CMB Export's regional center signation. Additionally, there are several full-time employees that assist with

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

8a. Describe and document the current a EB-5 alien investors have or will ma	and/or prospective struct ake their capital investm	ture or ownership and control of the ents.	commercial entity(s) in w
CMB Texas is seeking appro- commercial enterprise - CMI in the attached exemplar po of this enterprise. The EN Texas Infrastructure Invest	val of an exemplo B Texas Infrastr etition document B-5 investors wi	ar I-526 petition for an ucture Investment Group s, as the General Partne ll collectively own the	27, LP. As reflect, CMB Texas owns
		·	
b. Date commercial enterprise establis	hed, if any (mm/dd/yyyy	y): <u>02/05/2014</u>	
c. Organization Structure for commerce	cial enterprise:		
1. Corporation			
2. Partnership (including Limite	ed Partnership)		
3. Limited Liability Company (	LLC)		
4. Other (Explain)			
d. Has or will the Regional Center or	any of its principals or a	gents have an equity stake in the co	mmercial enterprise?
No X Yes - Attach an expla will be paid.	nation and documentation	on that outlines when and under wha	at circumstances these rem
e. Has or will the Regional Center or a through EB-5 capital investment act required of the EB-5 alien entrepren	tivities from this comme		
No X Yes - Attach an expla will be paid.	nation and documentation	on that outlines when and under wha	at circumstances these rem
Part 4. Applicant Signature R someone helped you prepa			fore completing this sect
I certify, under penalty of perjury under all true and correct. I authorize the releas to determine eligibility for the benefit be	se of any information fro	om my records that U.S. Citizenship	and Immigration Services
Signature of Applicant		Daytime Phone Numb	per Date (mm/dd/yyyy
May /		(309) 797-1550	
Printed Name of Applicant		E-Mail Address	
Patrick F. Hogan		Pat@cmbeb5visa.	com
Relationship to the Regional Center E	Entity (Managing Mem	ber, President, CEO, etc.)	

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

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

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

No

X Yes

Signature of Preparer

**Printed Name of Preparer** 

Date (mm/dd/yyyy)

Lincoln Stone / Elsie Arias

Firm same and Address

Stone Grzegorek & Gonzalez LLP 800 Wilshire Blvd., Suite 900

Los Angeles, CA 90017

Daytime Phone Number (Area/Country Codes)

(213) 627-8997

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

Elsie@sggimmigration.com

(213) 627-8998

Lincoln@sggimmigration.com

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

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

Name: Last		First		Middle				
		atri	trick		I	Francis		
n Care Of: CMB Texas, LLC								
Street Address/P.O. Box: 7819 43	2nd Street W.							
City: Rock Island		State: IL			Zip	Code: 61201		
	1 2 41. 1 (411.0 4)		Telephone Number (include area code			: (309) 797-155	0	
Web site address: www.cmbeb5vi	sa.com							
USCIS-assigned number for the Des Regional Center's most recently issue	-	er (atta		.227850	774 /	/ RC	ID 1227850774	
Part 2. Application Type (Se	elect one)	_						
a. Supplement for the Fiscal Ye	ar Ending September 3	30, 2	015 <i>(YYYY)</i>					
,				(VVVV) on	d Endi	na on	Santambar 20	(YYYY
<b>b.</b> Supplement for a Series of Fi	scal Tears Beginning (	on Oc	tiober 1, (	1111) an	ia Enan	ng on	September 30,	_(1111
Part 3. Information About t	he Regional Cente	er						
	· · · · · · · · · · · · · · · · · · ·		1.177					
Use a continuation sheet, if needed,	to provide information	for ac	•		•	~	, -	regiona
Use a continuation sheet, if needed, principals, agents, individuals, or ent	to provide information	for ac	•		•	~	, -	regiona
Use a continuation sheet, if needed, principals, agents, individuals, or ententer.)	to provide information ities who are or will be	for ac	•		•	~	, -	regiona
(Use a continuation sheet, if needed, principals, agents, individuals, or entcenter.)  A. Name of Regional Center: CMB	to provide information ities who are or will be	for ac	•		•	~	, -	regiona
(Use a continuation sheet, if needed, principals, agents, individuals, or entreenter.)  A. Name of Regional Center: CMB	to provide information ities who are or will be Texas, LLC	for ac	•		•	~	, -	regional
	to provide information ities who are or will be  Texas, LLC  42nd Street W.	for accinvol	State: IL	ement, o	Versigh	t, and	l administration of the	
(Use a continuation sheet, if needed, principals, agents, individuals, or entrenter.)  A. Name of Regional Center: CMB  Street Address/P.O. Box: 7819  City: Rock Island  Web site Address: www.cmbeb5visa.c	to provide information ities who are or will be  Texas, LLC  42nd Street W.  Fax Number (include are	for acceptance involved	State: IL	ement, o	Versigh	t, and	Zip Code: 61201	
(Use a continuation sheet, if needed, principals, agents, individuals, or entreenter.)  A. Name of Regional Center: CMB  Street Address/P.O. Box: 7819  City: Rock Island  Web site Address: www.cmbeb5visa.c	to provide information ities who are or will be  Texas, LLC  42nd Street W.  Fax Number (include are	for acceptance involved	State: IL	ement, o	Versigh	t, and	Zip Code: 61201	
(Use a continuation sheet, if needed, principals, agents, individuals, or entreenter.)  A. Name of Regional Center: CMB  Street Address/P.O. Box: 7819  City: Rock Island  Web site Address: www.cmbeb5visa.c  B. Name of Managing Company/Agentals.c	to provide information ities who are or will be Texas, LLC  42nd Street W.  Fax Number (include are ency: CMB Texas,	for acceptance involved	State: IL	ement, o	Versigh	t, and	Zip Code: 61201	
(Use a continuation sheet, if needed, principals, agents, individuals, or entrenter.)  A. Name of Regional Center: CMB  Street Address/P.O. Box: 7819  City: Rock Island  Web site Address: www.cmbeb5visa.c  B. Name of Managing Company/Ag  Street Address/P.O. Box: 7819	to provide information ities who are or will be Texas, LLC  42nd Street W.  Fax Number (include are ency: CMB Texas, L2nd Street W.)	er ea coo	State: IL  State: IL  (855) 852	2-5133	Telepl (included)	hone de are	Zip Code: 61201 ea code): (309) 79	97-1550
(Use a continuation sheet, if needed, principals, agents, individuals, or entrenter.)  A. Name of Regional Center: CMB  Street Address/P.O. Box: 7819  City: Rock Island  Web site Address: www.cmbeb5visa.c  B. Name of Managing Company/Ag  Street Address/P.O. Box: 7819  City: Rock Island  Web site Address: www.cmbeb5visa.c	to provide information ities who are or will be Texas, LLC  42nd Street W.  Fax Number (include are ency: CMB Texas, 42nd Street W.	er ea coo	State: IL  State: IL  (855) 852	2-5133	Telepl (included)	hone de are	Zip Code: 61201  Zip Code: 61201  Zip Code: 61201  (309) 79	97-1550
(Use a continuation sheet, if needed, principals, agents, individuals, or entrenter.)  A. Name of Regional Center: CMB  Street Address/P.O. Box: 7819  City: Rock Island  Web site Address: www.cmbeb5visa.c  B. Name of Managing Company/Ag  Street Address/P.O. Box: 7819  City: Rock Island  Web site	to provide information ities who are or will be Texas, LLC  42nd Street W.  Fax Number (include are ency: CMB Texas, 42nd Street W.	er ea coo	State: IL  State: IL  (855) 852	2-5133	Telepl (included)	hone de are	Zip Code: 61201  Zip Code: 61201  Zip Code: 61201  (309) 79	97-1550
(Use a continuation sheet, if needed, principals, agents, individuals, or entrementer.)  A. Name of Regional Center: CMB  Street Address/P.O. Box: 7819  City: Rock Island  Web site Address: www.cmbeb5visa.c  B. Name of Managing Company/Ag  Street Address/P.O. Box: 7819  City: Rock Island  Web site Address: www.cmbeb5visa.c  City: Rock Island  Web site Address: www.cmbeb5visa.c	to provide information ities who are or will be Texas, LLC  42nd Street W.  Fax Number (include are ency: CMB Texas, 42nd Street W.	er ea coo	State: IL  State: IL  (855) 852	2-5133	Telepl (included)	hone de are	Zip Code: 61201  Zip Code: 61201  Zip Code: 61201  (309) 79	97-1550



Form 1-924A 03/18/15 Y Page 1

### 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

(**b**))(44)

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

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

a. Name of Commercial Enterprise:	Industry Category Title:			
CMB Texas Infrast. Invest. G	Construction			
Address (Street Number and Name):		State:	Zip Code:	
7819 42nd Street W.		IL	61201	
Aggregate EB-5 Capital Investment:	Indirect Job Creation:	Aggregate Jobs	: Maintained:	
Does this EB-5 commercial enterprise serve have or will create or maintain jobs for EB-5		ent into other business of	entities that	□ No ☒ Yes

(b))(44)

Form I-924A 03/18/15 Y Page 2

If yes, then identify the name and address of creation/maintenance associated with each joint and the control of the control o		ss, as well as the amour	nt of EB-5 capi	tal investment and job
(1) Business Name:	<del></del>	Industry Category Ti	tle:	
RE Projects - Pomona, LLC		Construction		
Address (Street Number and Name):	City:		State:	Zip Code:
3090 Olive St., Suite 300	Dallas		TX	75219
EB-5 Capital Investment:	Direct and Indirect Jo	bb Creation:	Jobs Maintair	ned:
(2) Business Name		Industry Category Tit	tle:	
Address (Street Number and Name):	City:		State:	Zip Code:
			TX	
EB-5 Capital Investment:	Direct and Indirect Jo	b Creation:	Jobs Maintair	ned:
<b>b.</b> Name of Commercial Enterprise:		Industry Category Ti	tle:	
CMB Texas Infras. Invest. Gr	coup 40, LP	Construction		
Address (Street Number and Name):	City:		State:	Zip Code:
7819 42nd Street W.	Rock Island		  IL	61201
Aggregate EB-5 Capital Investment:	Aggregate Direct and	Indirect Job Creation:	Aggregate Jo	bbs Maintained:
Does this EB-5 commercial enterprise serve have or will create or maintain jobs for EB-		nt into other business e	entities that	□ No 🗵 Yes
If yes, then identify the name and address of creation/maintenance associated with each j		ss, as well as the amou	nt of EB-5 capi	tal investment and jo
(1) Business Name:		Industry Category Ti	tle:	
Stillwater Residential Inves	stments II, LLC	Construction		
Address (Street Number and Name):	City:	<del></del>	State:	Zip Code
4145 Travis Street, Ste. 202	Dallas		TX	75204
EB-5 Capital Investment	Direct and Indirect Jo	h Creation	Jobs Mainta	inad

Form I-924A 03/18/15 Y Page 3

(2) Business Name:		Industry Catego	ory Title:	
Address (Street Number and Name):	City:		State:	Zip Code
EB-5 Capital Investment:	Direct and Indirect	Job Creation:	Jobs Mai	intained:
c. Name of Commercial Enterprise:		Industry Catego	ry Title:	
CMB Texas Infrast. Invest.	Group 45, LP	Construction	on	
Address (Street Number and Name):	City:		State:	Zip Code
7819 42nd Street W.	Rock Island		IL	61201
Aggregate EB-5 Capital Investment:	Aggregate Direct o	nd Indirect Job Crea	tion: Aggregat	e Jobs Maintai
Does this EB-5 commercial enterprise serve that have or will create or maintain jobs for the serve that have or will create or maintain jobs for the serve that have and address the serve that the serve	ve as a vehicle for investor EB-5 purposes?  of each job creating bus	ment into other busin	ness entities	☐ No
Does this EB-5 commercial enterprise serve that have or will create or maintain jobs for the serve that have or will create or maintain jobs for the serve that have or will create or maintain jobs for the serve that have one that the serve that t	ve as a vehicle for investor EB-5 purposes?  of each job creating bus	ment into other busin	ness entities amount of EB-5 o	☐ No
Does this EB-5 commercial enterprise serve that have or will create or maintain jobs for the serve that have or will create or maintain jobs for the serve that have or will create or maintain jobs for the serve that have or will create or maintain jobs for the serve that have or will be serve that have or will be served to the serve that have or will be served to the serve that have or will be served to the serve that have or will be served to the serve that have or will be served to the	ve as a vehicle for investor EB-5 purposes?  of each job creating bus	ment into other busin iness, as well as the a Industry Catego	ness entities amount of EB-5 ory Title:	☐ No
Does this EB-5 commercial enterprise serve that have or will create or maintain jobs for the serve that have or will create or maintain jobs for the serve that have or will create or maintain jobs for the serve that have or will create or maintain jobs for the serve that have or will create or maintain jobs for the serve that have or will create or maintain jobs for the serve that have or will create or maintain jobs for the serve that have or will create or maintain jobs for the serve that have or will create or maintain jobs for the serve that have or will create or maintain jobs for the serve that have or will create or maintain jobs for the serve that have or will create or maintain jobs for the serve that have or will create or maintain jobs for the serve that have or will create or maintain jobs for the serve that have or will create or maintain jobs for the serve that have or will create or maintain jobs for the serve that have or will create or maintain jobs for the serve that have or will create or maintain jobs for the serve that have only the serve that have the serve that have only the serve that have only the serve	ve as a vehicle for investor EB-5 purposes? of each job creating busing job creating business.	ment into other busin	ness entities amount of EB-5 ory Title:	☐ No capital investm
Does this EB-5 commercial enterprise serve that have or will create or maintain jobs for the serve that have or will create or maintain jobs for the serve that have or will create or maintain jobs for the serve that have or will create or maintain jobs for the serve that have or will create or maintain jobs for the serve that have and address (Street Number and Name):	ve as a vehicle for investor EB-5 purposes? of each job creating business. City:	ment into other busin iness, as well as the a Industry Catego	ness entities amount of EB-5 c ry Title: on State:	□ No capital investm
Does this EB-5 commercial enterprise serve that have or will create or maintain jobs for If yes, then identify the name and address creation/maintenance associated with each (1) Business Name:  LCG/HW DH Partners, LLC  Address (Street Number and Name): 3090 Olive St., Suite 300	ve as a vehicle for investor EB-5 purposes? of each job creating bus a job creating business.  City:  Dallas	iness, as well as the a	ness entities amount of EB-5 or ry Title: on State:	☐ No capital investm Zip Code 75219
Does this EB-5 commercial enterprise serve that have or will create or maintain jobs for the serve that have or will create or maintain jobs for the serve that have or will create or maintain jobs for the serve that have or will create or maintain jobs for the serve that have or will create or maintain jobs for the serve that have or will create or maintain jobs for the serve that have or will create or maintain jobs for the serve that have or will create or maintain jobs for the serve that have or will create or maintain jobs for the serve that have or will create or maintain jobs for the serve that have or will create or maintain jobs for the serve that have or will create or maintain jobs for the serve that have or will create or maintain jobs for the serve that have or will create or maintain jobs for the serve that have or will create or maintain jobs for the serve that have or will create or maintain jobs for the serve that have or will create or maintain jobs for the serve that have or will create or maintain jobs for the serve that have or will create or maintain jobs for the serve that have or will create or maintain jobs for the serve that have or will create or maintain jobs for the serve that have or will create or maintain jobs for the serve that have or will be served to be serve	ve as a vehicle for investor EB-5 purposes? of each job creating business. City:	iness, as well as the a	ness entities amount of EB-5 c ry Title: on State:	☐ No capital investm Zip Code 75219
Does this EB-5 commercial enterprise serve that have or will create or maintain jobs for If yes, then identify the name and address creation/maintenance associated with each (1) Business Name:  LCG/HW DH Partners, LLC  Address (Street Number and Name): 3090 Olive St., Suite 300	ve as a vehicle for investor EB-5 purposes? of each job creating bus a job creating business.  City:  Dallas	iness, as well as the a	ness entities  amount of EB-5 or  ry Title:  on  State:  TX  Jobs Mair	□ No capital investm Zip Code 75219
Does this EB-5 commercial enterprise serve that have or will create or maintain jobs for If yes, then identify the name and address creation/maintenance associated with each (1) Business Name:  LCG/HW DH Partners, LLC  Address (Street Number and Name): 3090 Olive St., Suite 300  EB-5 Capital Investment:	ve as a vehicle for investor EB-5 purposes? of each job creating bus a job creating business.  City:  Dallas	ment into other business, as well as the a Industry Catego Construction	ness entities  amount of EB-5 or  ry Title:  on  State:  TX  Jobs Mair	□ No capital investm Zip Code 75219

Form I-924A 03/18/15 Y Page 4

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

f yes, then identify the name and address of ob-creation/maintenance associated with ea			amount of EB-5 ca	apital investment and	
(1) Business Name:		Industry Catego	Industry Category Title:		
Address (Street Number and Name):	City:		State:	Zip Code:	
EB-5 Capital Investment:	Direct and Indirect Job Creation:		Jobs Mai	Jobs Maintained:	
(2) Business Name:		Industry Catego	ory Title:		
Address (Street Number and Name):	City:		State:	Zip Code:	
EB-5 Capital Investment:	Direct and Indire	ct Job Creation:	Jobs Mai	ntained:	

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

	Form I-	526 Petition Final Ca	se Actions	
	Approved	Denied	Revoked	
( <b>b</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.)

Γ	Form I-	829 Petition Final Cas	se Actions	
	Approved	Denied	Revoked	
(b))(44)				

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

submitted with it are all tru	e and correct. I authorize the	the United States of America, that this supplemental the release of any information from my records that or the benefit being sought. I also certify that I have	U.S. Citizenship and
Signature of Applicant	$\overline{}$	Printed Name of Applicant	Date (mm/dd/yyyy)
( Istat )		Patrick F. Hogan	Date (mm/dd/yyyy)
Daytime Phone Number		E-Mail Address	1 0/2 10
(Area/Country Codes)			
(309) 797-1550		pat@cmbeb5visa.com	
Relationship to the Region	nal Center Entity (Mana	ging Member, President, CEO, etc.)	
Managing Member			
Part 5. Signature of	Person Preparing Th	is Form, If Other Than Above (Sign Bel	ow)
I declare that I prepared thi the answers and informatio		rovided by someone with authority to act on behalf Regional Center.	of the Regional Center, and
Attorney or Representation you by Fax or E-mail?	ve: In the event of a Reque	est for Evidence (RFE), may the USCIS contact	☐ No       Yes
Signature of Preparer		Printed Name of Preparer	Date (mm/dd/yyyy)
Firm Name and Address			
Daytime Phone Number (Area/Country Codes)	Fax Number (Area/ Country Codes)	E-Mail Address	

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.

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

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

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

	Do Not Write in Th	is Block -	for USCIS Use	e Only (except	<u> </u>	
	Do Not Write in Th	IS DIOCK	ior obelis es	RCV egarcia2	V1521	J432007
				G-28 attache Attorney's State 146597/208	License No.	
	Part 1. Information About Princip	al of the	Regional Cen	iter		
	Name: Last		First		Mid	dle
	Hogan		Patrick		Fra	ncis
	C/O: CMB Texas, LLC					
	Street Address/P.O. Box: 7819 42nd Str	eet Wes	t			
	City: Rock Island		State:  L		Zij	<sup>Code:</sup> 61201
(b))(6)	Date of Birth (mm/dd/yyyy)	Fax Number (include ar	er ea code): (309)	797-1655	Telephone l (include are	Number ea code): (309) 797-1550
`	Web site address: www.cmbeb5visa.c	om				
	Part 2. Application Type (Check or	ne)				
	a. Initial Application for Designation as	a Regional	Center			
	b. Amendment to an approved Regional					
	Regional Center's previous approval r commercial enterprise. (RC ID: 1			oprovai oi 1-52	o exemp	Diar for affiliated new
	Part 3. Information About the Reg					
	(Use a continuation sheet, if needed, to provid principals, agents, individuals or entities who center.)					
	A. Name of Regional Center: CMB Texa	s, LLC				
	Street Address/P.O. Box: 7819 42nd	Street W	'est			
	City: Rock Island		State:  L			Zip Code: 61201
	Web site address:	,	Fax Number (	include area code)	: Telephon	e Number (include area code):
	www.cmbeb5visa.com		(309) 797	-1655	(309)	797-1550
			<u> </u>		<u> </u>	

	MB Export, LLC	
Street Address/P.O. Box: 7819 42nd S	Street West	
City: Rock Island	State: IL	Zip Code: 61201
Web site address:	Fax Number (include area code):	Telephone Number (include area code
www.cmbeb5visa.com	(309) 797-1655	(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)

	Note: If extra space is needed to complete any item, attach a continuation sheet, indicate the item number, and provide the resp
	1a. Describe the structure, ownership and control of the regional center entity.
	CMB Texas is a limited liability company. Ownership of the Regional Center is held by Patrick F. Hogan Trust and by the Joan L. Hogan Trust. Patrick F. Hogan ("Mr. Hogan the Managing Member of CMB Texas.
ı	b. Date the Regional Center was established(mm/dd/yyyy): 09/04/2012
	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 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 a
	3. Describe the geographic area of the regional center. Note: This area must be contiguous. Provide a map of the geographic a
- 1	Current geographic scope consists of entire state of Texas (as reflected on USCIS regional center designation letter, dated June 4, 2014).
	4. Describe the regional center's administration, oversight, and management functions that are or will be in place to monitor all capital investment activities and the allocation of the resulting jobs created or maintained under the sponsorship of the region center.
	The administration, oversight, and management functions for CMB Texas, LLC are being conducted through an affiliated regional center entity, CMB Export, LLC. CMB Export, LLC been operating as a regional center for over 17 years, and throughout this period, has prope complied with all monitoring and reporting requirements. Mr. Hogan is familiar with all USCIS requirements to maintain CMB Texas, LLC's regional center designation. Additionally, there several full-time employees that assist with the monitoring and reporting requirements for US

36

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

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

	e and document the curre ien investors have or will			ship and control of the com	mercial entity(s) in wh
enterpri	se - CMB Texas In	frastructure Inves petition document	stment Group s, the co-Ge	etition for an affiliate o 40, LP. ("CMB Gro neral Partner (CMB the remaining	oup 40"). As <u>refle</u>
b. Date co	ommercial enterprise estab	blished, if any (mm/dd/y	уууу): 11/06/2	2014	
	zation Structure for comm				
□ 1.0	Corporation				
× 2.1	Partnership (including Lin	nited Partnership)			
□ 3. J	Limited Liability Compan	ay (LLC)			
4.0	Other (Explain)				***************************************
d. Has or	will the Regional Center	or any of its principals	or agents have an	equity stake in the comme	ercial enterprise?
☐ No	Yes - Attach an exwill be paid.	planation and documen	tation that outline	es when and under what cir	cumstances these remi
through	-	t activities from this con	-	fees, profits, surcharges, or se, beyond the minimum ca	
□ No	Yes - Attach an ex will be paid.	planation and documen	tation that outline	es when and under what cir	cumstances these remit
	Applicant Signature comeone helped you pre	•	-	n the instructions before mpete <b>Part 5</b> .	completing this secti
all true and	correct. I authorize the re-	lease of any information	n from my record	rica, that this form and the Is that U.S. Citizenship and authority to act on behalf of	Immigration Services
Signature	of Applicant /	***************************************		Daytime Phone Number	Date (mm/dd/yyyy)
i /	AHAL		] '	Area/Country Codes) 309) 797-1550	52/11/00
l ( ,	OF 15/10			E-Mail Address	07/14/2015
Printed Na	me of Applicant				
	ame of Applicant			oat@cmbeb5visa.co	m
Patrick	me of Applicant  F. Hogan  ip to the Regional Cente	er Entity (Managing M	p	pat@cmbeb5visa.co	om

# 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? Printed Name of Preparer Lincoln Stone / Elsie Arias Pirm Name and Address Stone Grzegorek & Gonzalez LLP

B00 Wilshire Blvd., Suite 900, Los Angeles, CA 90017

Daytime Phone Number (Area/ Country Codes)

Fax Number (Area/ Country Codes)

E-Mail Address Lincoln@sqc

(213) 627-8998

(213) 627-8997

Lincoln@sggimmigration.com / Elsie@sggimmigration.com

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

Action Block	e in This proces	for USCIS Use Only		520452808 1924 07/23/2015		
	A. A	Attorne	28 attached by's State Licent	se No.		
Part 1. Information About I	rincipal of the l	Regional Center				
Name: Last		First		Middle		
Hogan		Patrick		Francis		
C/O: CMB Texas, LLC						
Street Address/P.O. Box: 7819 42nd Street West						
City: Rock Island		State:  L		Zip Code: 61201		
Date of Birth (mm/dd/yyyy	Fax Number (include are	er ea code): (309) 797-1	655 Telep	hone Number de area code): (309) 797-1		
Web site address: www.cmbeb5	visa.com					
Part 2. Application Type (Cl	neck one)					
a. Initial Application for Design	nation as a Regional	Center				
	proval notice): Re	quest for approva		ceipt number, if any (also attac cemplar for affiliated ne		
commercial enterprise. (RC						
Part 3. Information About the Regional Center  (Use a continuation sheet, if needed, to provide information for additional management companies/agencies, Regional Center						
(Use a continuation sheet, if needed, t principals, agents, individuals or entit center.)						
A. Name of Regional Center: CMB Texas, LLC						
Street Address/P.O. Box: 7819 42nd Street West						
City: Rock Island		State:  L		Zip Code: 61201		
			70 1			
Web site address:		Fax Number (include a	rea code): Tele	ephone Number (include area o		

Part 3. Information About the Region	nal Center (Continued)		
B. Name of Managing Company/Agency: CMI	B Export, LLC		
Street Address/P.O. Box: 7819 42nd Str	eet West		
City: Rock Island	State:  L		Zip Code: 61201
Web site address:	Fax Number (include area code):	Telephone N	lumber (include area code):
www.cmbeb5visa.com	(309) 797-1655	(309) 79	97-1550
C. Name of Other Agent:			
Street Address/P.O. Box:			
City:	State:		Zip Code:
Web site address:	Fax Number (include area code):	Telephone N	fumber (include area code):
N/A - management structure uncha LLC ("CMB Texas").	inged from initial regional center	proposal	for CMB Texas,

MOLE	If extra space is needed to complete any item, attach a continuation sheet, indicate the item number, and provide the re
1a. D	escribe the structure, ownership and control of the regional center entity.
Pat	B Texas is a limited liability company. Ownership of the Regional Center is held brick F. Hogan Trust and by the Joan L. Hogan Trust. Patrick F. Hogan ("Mr. Hoga Managing Member of CMB Texas.
b. D	ate the Regional Center was established(mm/dd/yyyy): 09/04/2012
c. O	ganization 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)
	s this regional center's designation ever been formally terminated by USCIS, or has the regional center ever filed a Forregional center proposal or amendment that was denied?
$\boxtimes$	No Yes - Attach a copy of the adverse decision, with an explanation, the date of decision, and case number, if
3. De	scribe the geographic area of the regional center. Note: This area must be contiguous. Provide a map of the geographic
l .	rent geographic scope consists of entire state of Texas (as reflected on USCIS regional ter designation letter, dated June 4, 2014).
cap	scribe the regional center's administration, oversight, and management functions that are or will be in place to monitor ital investment activities and the allocation of the resulting jobs created or maintained under the sponsorship of the reg ter.
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Form I-924 01/03/13 Y Page 3

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

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s when and under what circu	ımstances these ren
the instructions before compete Part 5.  ica, that this form and the every that U.S. Citizenship and Intuthority to act on behalf of the	vidence submitted w
aytime Phone Number	Date (mm/dd/yyy
	Anluda
	107/14/201
	n
ar a	rea/Country Codes)  O9) 797-1550  Mail Address  t@cmbeb5visa.con  , CEO, etc.)  MB Export, LLC

Form I-924 01/03/13 Y Page 5

### Part 5. Signature of Person Preparing This Form, If Other Than Above (Sign Below) I declare that I prepared this application using information provided by someone with authority to act on behalf of the Regional Center, and the answers and information provided by the Regional Center. Attorney or Representative: In the event of a Request for Evidence (RFE), may the USCIS contact X Yes $\prod N_0$ you by Fax or E-mail? Printed Name of Preparer Lincoln Stone / Elsie Arias ame and Address Stone Grzegorek & Gonzalez LLP 800 Wilshire Blvd., Suite 900, Los Angeles, CA 90017 **Daytime Phone Number** Fax Number (Area/ E-Mail Address (Area/Country Codes) Country Codes) Lincoln@sggimmigration.com /

(213) 627-8997

(213) 627-8998

Elsie@sggimmigration.com