

Department of Homeland Security
U.S. Citizenship and Immigration ServicesForm I-924A,
Supplement to Form I-924

REC'D CSC 140129 16:15

C30056

Part 1. Information About Principal of the Regional Center

Name: Last Hogan	First Patrick	Middle Francis
In Care Of: CMB Texas, LLC		
Street Address/P.O. Box: 7819 42nd Street W.		
City: Rock Island	State: IL	Zip Code: 61201
Date of Birth (mm/dd/yyyy): 	Fax Number (include area code): (855) 852-5133	Telephone Number (include area code): (309) 797-1550
Web site address: www.cmbeb5visa.com		
USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW 1227850774 / RC ID 1227850774		

(b)(6)

Part 2. Application Type (check one)

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

Part 3. Information About the Regional Center

(Use a continuation sheet, if needed, to provide information for additional management companies/agencies, regional center principals, agents, individuals, or entities who are or will be involved in the management, oversight, and administration of the regional center.)

A. Name of Regional Center: CMB Texas, LLC

Street Address/P.O. Box: 7819 42nd Street W.		
City: Rock Island	State: IL	Zip Code: 61201
Web site Address: www.cmbeb5visa.com	Fax Number (include area code): (855) 852-5133	Telephone (include area code): (309) 797-1550

B. Name of Managing Company/Agency: CMB Texas, LLC

Street Address/P.O. Box: 7819 42nd Street W.		
City: Rock Island	State: IL	Zip Code: 61201
Web site Address: www.cmbeb5visa.com	Fax Number (include area code): (855) 852-5133	Telephone (include area code): (309) 797-1550

C. Name of Other Agent: N/A

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



RCW1500552350

egarcia2 1924A 12/29/2014

Part 3. Information About the Regional Center (Continued)

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

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

(b)(4)

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

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

a. Industry Category Title: Construction	NAICS Code for the Industry Category 2 3
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Aggregate EB-5 Capital Investment:	Aggregate Direct and Indirect Job Creation:	Aggregate Jobs Maintained:
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(b)(4)

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b. Industry Category Title:	NAICS Code for the Industry Category

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

Aggregate EB-5 Capital Investment:	Aggregate Direct and Indirect Job Creation:	Aggregate Jobs Maintained:
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3. Provide the following information for each job creating commercial enterprise located within the geographic scope of your regional center that has received EB-5 investor capital:

a. Name of Commercial Enterprise: CMB Texas Infrac. Invest. Group 21 LP	Industry Category Title: 23
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Address (Street Number and Name): 7819 42nd Street W.	City: Rock Island	State: IL	Zip Code: 61201
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Aggregate EB-5 Capital Investment:	Aggregate Direct and Indirect Job Creation:	Aggregate Jobs Maintained:
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(b)(4)

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Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
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Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

(1) Business Name: PRA Rusk at San Jacinto Partners LP		Industry Category Title: 23	
Address (Street Number and Name): 10210 N. Central Expressway	City: Dallas	State: TX	Zip Code: 75231
EB-5 Capital Investment:	Direct and Indirect Job Creation:	Jobs Maintained:	

(b)(4)

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

b. Name of Commercial Enterprise: CMB Texas Infrac. Invest. Group 22 LP		Industry Category Title: 23	
Address (Street Number and Name): 7819 42nd Street W.	City: Rock Island	State: IL	Zip Code: 61201
Aggregate EB-5 Capital Investment:	Aggregate Direct and Indirect Job Creation:	Aggregate Jobs Maintained:	

(b)(4)

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?			<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
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: FF/GCDP Ross Dallas, LLC		Industry Category Title: 23	
Address (Street Number and Name): 2121 Rosecrans Ave., Ste 3321	City: El Segundo	State: CA	Zip Code: 92660
EB-5 Capital Investment	Direct and Indirect Job Creation	Jobs Maintained	

(b)(4)

Part 3. Information About the Regional Center (Continued)

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

c. Name of Commercial Enterprise:		Industry Category Title:	
CMB Texas Infrac. Invest. Group 24, LP		23	
Address (Street Number and Name):	City:	State:	Zip Code:
7819 42nd Street W.	Rock Island	IL	61201
Aggregate EB-5 Capital Investment:	Aggregate Direct and Indirect Job Creation:	Aggregate Jobs Maintained:	

(b)(4)

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

☐ No ☒ Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

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

(b)(4)

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

Part 3. Information About the Regional Center (Continued)

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

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

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

☐ No ☒ Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

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

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

Part 3. Information About the Regional Center (Continued)

d. Name of Commercial Enterprise: CMB Texas Infrac. Investment Group 25, LP		Industry Category Title: 23	
Address (Street Number and Name): 7819 42nd Street W.	City: Rock Island	State: IL	Zip Code: 61201
Aggregate EB-5 Capital Investment:	Aggregate Direct and Indirect Job Creation:	Aggregate Jobs Maintained:	

(b)(4)

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
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: Stillwater Residential Investments, LLC		Industry Category Title: 23	
Address (Street Number and Name): 4145 Travis St., Suite 202	City: Dallas	State: TX	Zip Code: 75204
EB-5 Capital Investment:	Direct and Indirect Job Creation:	Jobs Maintained:	

(b)(4)

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

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

(b)(4)

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
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Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

(1) Business Name: RE Projects - DFW 1, LLC		Industry Category Title: 23	
Address (Street Number and Name): 3090 Olive Street, Suite 300	City: Dallas	State: TX	Zip Code: 75219
EB-5 Capital Investment:	Direct and Indirect Job Creation:	Jobs Maintained:	
(b)(4)			
(2) Business Name:		Industry Category Title:	
Address (Street Number and Name):	City:	State: TX	Zip Code:
EB-5 Capital Investment:	Direct and Indirect Job Creation:	Jobs Maintained:	

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

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

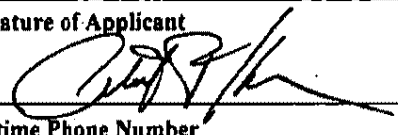
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

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

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

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

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

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

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

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

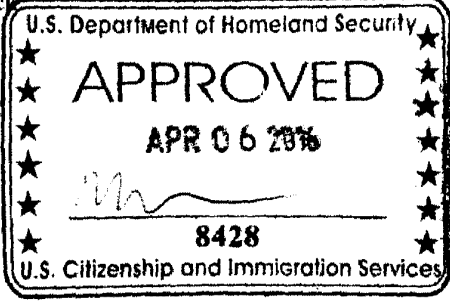

Attorney or Representative: In the event of a Request for Evidence (RFE), may the USCIS contact you by Fax or E-mail?

☐ No ☐ Yes

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

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

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

Do Not Write in This Block - for USCIS Use Only (except G-28 block below)	
Action Block 	 RCW1427551897 egarcia2 1924 10/02/2014 <input checked="" type="checkbox"/> G-28 attached Attorney's State License No. 146597/208665

Part 1. Information About Principal of the Regional Center

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

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

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

Part 2. Application Type (Check one)

- ☐ a. Initial Application for Designation as a Regional Center
- ☒ b. Amendment to an approved Regional Center application. Note the previous application receipt number, if any (also attach the Regional Center's previous approval notice): Request for review of exemplar I-526 petition.
RCW122785774 / RC ID 1227850774

Part 3. Information About the Regional Center

(Use a continuation sheet, if needed, to provide information for additional management companies/agencies, Regional Center principals, agents, individuals or entities who are or will be involved in the management, oversight, and administration of the regional center.)

A. Name of Regional Center: CMB Texas, LLC

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

City: Rock Island	State: IL	Zip Code: 61201
Web site address: www.cmbeb5visa.com	Fax Number (include area code): (309) 797-1655	Telephone Number (include area code): (309) 797-1550

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

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

Street Address/P.O. Box:

City:	State: IL	Zip Code:
Web site address:	Fax Number (include area code):	Telephone Number (include area code):

C. Name of Other Agent:

Street Address/P.O. Box:

City:	State:	Zip Code:
Web site address:	Fax Number (include area code):	Telephone Number (include area code):

D. Continuation, if needed, to provide information for additional management companies/agencies, regional center principals, agents, individuals or entities who are or will be involved in the management, oversight, and administration of the regional center.)N/A

Part 3. Information About the Regional Center (Continued)

Note: If extra space is needed to complete any item, attach a continuation sheet, indicate the item number, and provide the response.

1a. Describe the structure, ownership and control of the regional center entity.

(b)(4) CMB Texas, LLC ("CMB Texas") is a limited liability company, ownership of which is held by the Patrick F. Hogan Trust, and by the Joan L. 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 Form I-924 or regional center proposal or amendment that was denied?

☒ No ☐ Yes - Attach a copy of the adverse decision, with an explanation, the date of decision, and case number, if any.

3. Describe the geographic area of the regional center. Note: This area must be contiguous. Provide a map of the geographic area.

Per USCIS letter (dated June 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 all EB-5 capital investment activities and the allocation of the resulting jobs created or maintained under the sponsorship of the regional center.

The administration, oversight, and management functions for CMB Texas are being conducted through an affiliated regional center entity, CMB Export LLC. CMB Export LLC has been operating as a regional center for over 17 years, and throughout this period, has properly complied with all monitoring and reporting requirements. Patrick F. Hogan is familiar with all USCIS requirements to maintain CMB Texas' regional center designation. Additionally, there are several full-time employees that assist with the monitoring and reporting requirements for USCIS.

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

5. Describe the past, current, and future promotional activities for the regional center. Include a description of the budget for this activity, along with evidence of the funds committed to the regional center for promotional activities. Submit a plan of operation for the regional center that addresses how EB-5 investors will be recruited, the method(s) by which the capital investment opportunities will be offered to the investors, and how they will subscribe or commit to the investment interest.

Please refer to the attached statement, signed by Patrick F. Hogan regarding CMB Texas' promotional activities.

6. Describe whether and how the regional center is engaged in supporting a due diligence screening of its alien investor's lawful source of capital and the alien investor's ability to fully invest the requisite amount of capital. Also, describe the regional center's prospective plans in this regard if they differ from past practice.

CMB Texas regularly conducts due diligence in evaluating prospective EB-5 investors, including lawful source of funds. Please refer to the attached statement by Patrick F. Hogan.

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

Industry Category Title:

Construction

NAICS Code for the Industry Category:

2 3 0 0 0 0

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

☐ No - Attach an explanation

☒ Yes

Industry Category Title:

NAICS Code for the Industry Category:

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

☐ No - Attach an explanation

☐ Yes

Industry Category Title:

NAICS Code for the Industry Category:

— — — — —

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

☐ No - Attach an explanation

☐ Yes

Part 3. Information About the Regional Center (Continued)

8a. Describe and document the current and/or prospective structure of ownership and control of the commercial entity(s) in which the EB-5 alien investors have or will make their capital investments.

(b)(4) CMB Texas is seeking approval of an exemplar I-526 petition for an affiliated new commercial enterprise - CMB Texas Infrastructure Investment Group XIX, LP. As reflected in the attached exemplar petition documents, as the General Partner, CMB Texas owns ☐ of this enterprise. The EB-5 investors will collectively own the remaining ☐ of CMB Texas Infrastructure Investment Group XIX, LP.

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

c. Organization Structure for commercial enterprise:

- ☐ 1. Corporation
- ☒ 2. Partnership (including Limited Partnership)
- ☐ 3. Limited Liability Company (LLC)
- ☐ 4. Other (Explain) _____

d. Has or will the Regional Center or any of its principals or agents have an equity stake in the commercial enterprise?

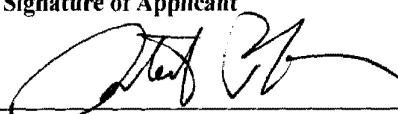
- ☐ No ☒ Yes - Attach an explanation and documentation that outlines when and under what circumstances these remittances will be paid.

e. Has or will the Regional Center or any of its principals or agents receive fees, profits, surcharges, or other like remittances through EB-5 capital investment activities from this commercial enterprise, beyond the minimum capital investment threshold required of the EB-5 alien entrepreneurs?

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

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

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

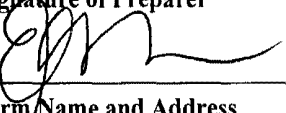
Signature of Applicant 	Daytime Phone Number (Area/Country Codes) (309) 797-1550	Date (mm/dd/yyyy) 08/28/2014
Printed Name of Applicant Patrick F. Hogan	E-Mail Address Pat@cmb5visa.com	
Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) Owner/President		

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

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

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

☐ No ☒ Yes

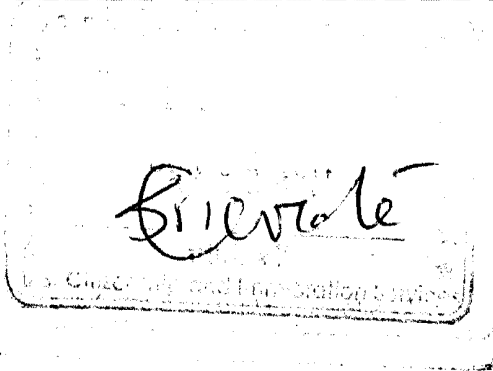
Signature of Preparer 	Printed Name of Preparer Lincoln Stone / Elsie Arias	Date (mm/dd/yyyy) 8/29/2014
Firm Name and Address Stone Grzegorek & Gonzalez LLP 800 Wilshire Blvd., Suite 900, Los Angeles, CA 90017		
Daytime Phone Number (Area/Country Codes) (213) 627-8997	Fax Number (Area/Country Codes) (213) 627-8998	E-Mail Address lincoln@sggimmigration.com / elsie@sggimmigration.com

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

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

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Action Block



Fee



RCW1227850774

egarcia2

1924

10/04/2012

☒ G-28 attached

Attorney's State License No.

146597 / 208665

Part 1. Information About Principal of the Regional Center

Name: Last Hogan	First Patrick	Middle Francis
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C/O:

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

City: Rock Island	State: IL	Zip Code: 61201
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Date of Birth (mm/dd/yyyy): 	Fax Number (include area code): (855) 852-5133	Telephone Number (include area code): (309) 797-1550
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Web site address: www.cmbeb5visa.com

Part 2. Application Type (Check one)

- ☒ a. Initial Application for Designation as a Regional Center
- ☐ b. Amendment to an approved Regional Center application. Note the previous application receipt number, if any (also attach the Regional Center's previous approval notice): _____

Part 3. Information About the Regional Center

(Use a continuation sheet, if needed, to provide information for additional management companies/agencies, Regional Center principals, agents, individuals or entities who are or will be involved in the management, oversight, and administration of the regional center.)

A. Name of Regional Center: CMB Texas, LLC

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

City: Rock Island	State: IL	Zip Code: 61201
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Web site address: www.cmbeb5visa.com	Fax Number (include area code): (855) 852-5133	Telephone Number (include area code): (309) 797-1550
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Part 3. Information About the Regional Center (Continued)

B. Name of Managing Company/Agency: CMB Texas, LLC

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

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

C. Name of Other Agent:

Street Address/P.O. Box:

City:	State:	Zip Code:
Web site address:	Fax Number (include area code):	Telephone Number (include area code):

D. Continuation, if needed, to provide information for additional management companies/agencies, regional center principals, agents, individuals or entities who are or will be involved in the management, oversight, and administration of the regional center.)

CMB Texas, LLC will be operated by the same principals, management team and highly experienced staff that operate the CMB Export, LLC and CMB Summit, LLC Regional Centers. The history of the CMB Regional Centers spans more than 15 years and well over EB-5 investors. CMB's senior management team is comprised of:

President: Patrick F. Hogan
Senior Vice President: Kraig A. Schwigen
Executive Director: Ky Boyle
Director of Company Operations: Pam Ellis

(b)(4)



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)

5. Describe the past, current, and future promotional activities for the regional center. Include a description of the budget for this activity, along with evidence of the funds committed to the regional center for promotional activities. Submit a plan of operation for the regional center that addresses how EB-5 investors will be recruited, the method(s) by which the capital investment opportunities will be offered to the investors, and how they will subscribe or commit to the investment interest.

Please see attached Addendum.

6. Describe whether and how the regional center is engaged in supporting a due diligence screening of its alien investor's lawful source of capital and the alien investor's ability to fully invest the requisite amount of capital. Also, describe the regional center's prospective plans in this regard if they differ from past practice.

Please see attached Addendum.

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

<p>Industry Category Title:</p> <p>Construction</p> <p>NAICS Code for the Industry Category:</p> <p>0 0 0 0 2 3</p>	<p>Is the Form I-924 application supported by an economic analysis and underlying business plan for the determination of prospective EB-5 job creation through EB-5 investments in this industry category?</p> <p><input type="checkbox"/> No - Attach an explanation</p> <p><input checked="" type="checkbox"/> Yes</p>
<p>Industry Category Title:</p> <p></p> <p>NAICS Code for the Industry Category:</p> <p>— — — — —</p>	<p>Is the Form I-924 application supported by an economic analysis and underlying business plan for the determination of prospective EB-5 job creation through EB-5 investments in this industry category?</p> <p><input type="checkbox"/> No - Attach an explanation</p> <p><input type="checkbox"/> Yes</p>
<p>Industry Category Title:</p> <p></p> <p>NAICS Code for the Industry Category:</p> <p>— — — — —</p>	<p>Is the Form I-924 application supported by an economic analysis and underlying business plan for the determination of prospective EB-5 job creation through EB-5 investments in this industry category?</p> <p><input type="checkbox"/> No - Attach an explanation</p> <p><input type="checkbox"/> Yes</p>



Part 3. Information About the Regional Center (Continued)

8a. Describe and document the current and/or prospective structure of ownership and control of the commercial entity(s) in which the EB-5 alien investors have or will make their capital investments.

(b)(4) As outlined in the sample Limited Partnership Agreement, each organized offering will be structured as a limited partnership with CMB Texas, LLC serving as a General Partner or 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. Date commercial enterprise established, if any (mm/dd/yyyy): _____

c. Organization Structure for commercial enterprise:

- ☐ 1. Corporation
- ☒ 2. Partnership (including Limited Partnership)
- ☐ 3. Limited Liability Company (LLC)
- ☐ 4. Other (Explain) _____

d. Has or will the Regional Center or any of its principals or agents have an equity stake in the commercial enterprise?

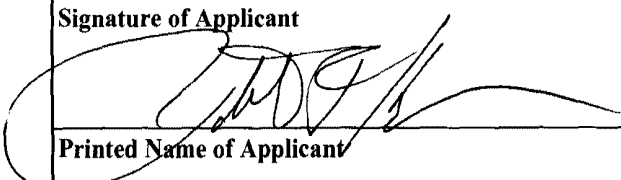
- ☐ No ☒ Yes - Attach an explanation and documentation that outlines when and under what circumstances these remittances will be paid. See attached.

e. Has or will the Regional Center or any of its principals or agents receive fees, profits, surcharges, or other like remittances through EB-5 capital investment activities from this commercial enterprise, beyond the minimum capital investment threshold required of the EB-5 alien entrepreneurs?

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

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

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


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

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

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

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

☐ No ☒ Yes

Signature of Preparer 	Printed Name of Preparer Lincoln Stone / Elsie Arias	Date (mm/dd/yyyy) 10/2/2012
Firm Name and Address Stone & Grzegorek LLP 800 Wilshire Boulevard, Suite 900, Los Angeles, California 90017		
Daytime Phone Number (Area/Country Codes) (213) 627-8997	Fax Number (Area/Country Codes) (213) 627-8998	E-Mail Address elsie@lskglaw.com / lincoln@lskglaw.com



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

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

Part 1. Information About Principal of the Regional Center

Name: Last Hogan	First Patrick	Middle Francis
In Care Of: CMB Texas, LLC		
Street Address/P.O. Box: 7819 42nd Street W.		
City: Rock Island	State: IL	Zip Code: 61201
Date of Birth (mm/dd/yyyy): 	Fax Number (include area code): (855) 852-5133	Telephone Number (include area code): (309) 797-1550
Web site address: www.cmbeb5visa.com		

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

RCW 1227850774 / RC ID 1227850774

Part 2. Application Type (check one)

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

Part 3. Information About the Regional Center

(Use a continuation sheet, if needed, to provide information for additional management companies/agencies, regional center principals, agents, individuals, or entities who are or will be involved in the management, oversight, and administration of the regional center.)

A. Name of Regional Center: CMB Texas, LLC

Street Address/P.O. Box: 7819 42nd Street W.		
City: Rock Island	State: IL	Zip Code: 61201
Web site Address: www.cmbeb5visa.com	Fax Number (include area code): (855) 852-5133	Telephone (include area code): (309) 797-1550

B. Name of Managing Company/Agency: CMB Texas, LLC

Street Address/P.O. Box: 7819 42nd Street W.		
City: Rock Island	State: IL	Zip Code: 61201
Web site Address: www.cmbeb5visa.com	Fax Number (include area code): (855) 852-5133	Telephone (include area code): (309) 797-1550

C. Name of Other Agent: N/A

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



RCW1500552350

egarcia2 I924A 12/29/2014

Part 3. Information About the Regional Center (Continued)

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

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

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

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

a. Industry Category Title: Construction		NAICS Code for the Industry Category 2 3
Aggregate EB-5 Capital Investment:	Aggregate Direct and Indirect Job Creation:	Aggregate Jobs Maintained:
(b)(4)		
b. Industry Category Title:		NAICS Code for the Industry Category _____
Aggregate EB-5 Capital Investment:	Aggregate Direct and Indirect Job Creation:	Aggregate Jobs Maintained:
c. Industry Category Title:		NAICS Code for the Industry Category _____
Aggregate EB-5 Capital Investment:	Aggregate Direct and Indirect Job Creation:	Aggregate Jobs Maintained:

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

a. Name of Commercial Enterprise: CMB Texas Infrs. Invest. Group 21 LP		Industry Category Title: 23	
Address (Street Number and Name): 7819 42nd Street W.	City: Rock Island	State: IL	Zip Code: 61201
Aggregate EB-5 Capital Investment:	Aggregate Direct and Indirect Job Creation:	Aggregate Jobs Maintained:	
(b)(4)			
Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

(1) Business Name:

PRA Rusk at San Jacinto Partners LP

Industry Category Title:

23

Address (Street Number and Name):

10210 N. Central Expressway

City:

Dallas

State:

TX

Zip Code:

75231

EB-5 Capital Investment:**Direct and Indirect Job Creation:****Jobs Maintained:****(2) Business Name****Industry Category Title:****Address (Street Number and Name):****City:****State:****Zip Code:****EB-5 Capital Investment:****Direct and Indirect Job Creation:****Jobs Maintained:****b. Name of Commercial Enterprise:**

CMB Texas Infrast. Invest. Group 22 LP

Industry Category Title:

23

Address (Street Number and Name):

7819 42nd Street W.

City:

Rock Island

State:

IL

Zip Code:

61201

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

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

☐ No☒ Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

(1) Business Name:

FF/GCDP Ross Dallas, LLC

Industry Category Title:

23

Address (Street Number and Name):

2121 Rosecrans Ave., Ste 3321

City:

El Segundo

State:

CA

Zip Code:

92660

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

Part 3. Information About the Regional Center (Continued)

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

c. Name of Commercial Enterprise:		Industry Category Title:	
CMB Texas Infrast. Invest. Group 24, LP		23	
Address (Street Number and Name):	City:	State:	Zip Code:
7819 42nd Street W.	Rock Island	IL	61201
Aggregate EB-5 Capital Investment:	Aggregate Direct and Indirect Job Creation:	Aggregate Jobs Maintained:	

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

☐ No ☒ Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

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

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

Part 3. Information About the Regional Center (Continued)

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

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

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ No ☒ Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

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

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

Part 3. Information About the Regional Center (Continued)

d. Name of Commercial Enterprise: CMB Texas Infrac. Investment Group 25, LP		Industry Category Title: 23	
Address (Street Number and Name): 7819 42nd Street W.	City: Rock Island	State: IL	Zip Code: 61201
Aggregate EB-5 Capital Investment:	Aggregate Direct and Indirect Job Creation:	Aggregate Jobs Maintained:	

(b)(4)

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ No ☒ Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

(1) Business Name: Stillwater Residential Investments, LLC		Industry Category Title: 23	
Address (Street Number and Name): 4145 Travis St., Suite 202	City: Dallas	State: TX	Zip Code: 75204
EB-5 Capital Investment:	Direct and Indirect Job Creation:	Jobs Maintained:	

(b)(4)

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

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

(b)(4)

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ No ☒ Yes

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

(1) Business Name: RE Projects - DFW 1, LLC		Industry Category Title: 23	
Address (Street Number and Name): 3090 Olive Street, Suite 300	City: Dallas	State: TX	Zip Code: 75219
EB-5 Capital Investment:	Direct and Indirect Job Creation:	Jobs Maintained:	
(b)(4)			
(2) Business Name:		Industry Category Title:	
Address (Street Number and Name):	City:	State: TX	Zip Code:
EB-5 Capital Investment:	Direct and Indirect Job Creation:	Jobs Maintained:	

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

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

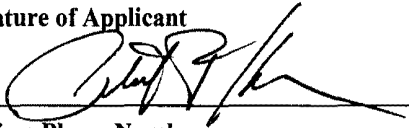
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

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

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

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

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

Signature of Applicant 	Printed Name of Applicant Patrick F. Hogan	Date (mm/dd/yyyy) 12/15/2014
Daytime Phone Number (Area/Country Codes) (309) 797-1550	E-Mail Address pat@cmb5visa.com	
Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) Managing Member		

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

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

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

☐ No ☐ Yes

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

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

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

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

Action Block



RCW1435352172
maginger 1924 12/19/2014

☒ G-28 attached

Attorney's State License No.
146597/208665

Part 1. Information About Principal of the Regional Center

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

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

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

Web site address: www.cmbeb5visa.com

Part 2. Application Type (Check one)

- ☐ a. Initial Application for Designation as a Regional Center
- ☒ b. Amendment to an approved Regional Center application. Note the previous application receipt number, if any (also attach the Regional Center's previous approval notice): Request for review of exemplar I-526 petition.

RC ID 1227850774

Part 3. Information About the Regional Center

(Use a continuation sheet, if needed, to provide information for additional management companies/agencies, Regional Center principals, agents, individuals or entities who are or will be involved in the management, oversight, and administration of the regional center.)

A. Name of Regional Center: CMB Texas LLC

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

City: Rock Island	State: IL	Zip Code: 61201
-------------------	-----------	-----------------

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

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

Street Address/P.O. Box:

City:	State:	Zip Code:
Web site address:	Fax Number (include area code):	Telephone Number (include area code):

C. Name of Other Agent:

Street Address/P.O. Box:

City:	State:	Zip Code:
Web site address:	Fax Number (include area code):	Telephone Number (include area code):

D. Continuation, if needed, to provide information for additional management companies/agencies, regional center principals, agents, individuals or entities who are or will be involved in the management, oversight, and administration of the regional center.)

N/A

Part 3. Information About the Regional Center (Continued)

Note: If extra space is needed to complete any item, attach a continuation sheet, indicate the item number, and provide the response.

1a. Describe the structure, ownership and control of the regional center entity.

(b)(4)

CMB Texas LLC ("CMB Texas") is a limited liability company, ownership of which is held ☐ by the Patrick F. Hogan Trust, and ☐ by the Joan L. 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 Form I-924 or regional center proposal or amendment that was denied?

☒ No ☐ Yes - Attach a copy of the adverse decision, with an explanation, the date of decision, and case number, if any.

3. Describe the geographic area of the regional center. Note: This area must be contiguous. Provide a map of the geographic area.

Per USCIS letter (dated June 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 all EB-5 capital investment activities and the allocation of the resulting jobs created or maintained under the sponsorship of the regional center.

The administration, oversight, and management functions for CMB Texas are being conducted through an affiliated regional center entity, CMB Export LLC. CMB Export LLC has been operating as a regional center for over 17 years, and throughout this period, has properly complied with all monitoring and reporting requirements. Patrick F. Hogan is familiar with all USCIS requirements to maintain CMB Export's regional center designation. Additionally, there are several full-time employees that assist with the monitoring and reporting requirements for USCIS.

Part 3. Information About the Regional Center (Continued)

5. Describe the past, current, and future promotional activities for the regional center. Include a description of the budget for this activity, along with evidence of the funds committed to the regional center for promotional activities. Submit a plan of operation for the regional center that addresses how EB-5 investors will be recruited, the method(s) by which the capital investment opportunities will be offered to the investors, and how they will subscribe or commit to the investment interest.

Please refer to the attached statement, signed by Patrick F. Hogan regarding CMB Texas' promotional activities.

6. Describe whether and how the regional center is engaged in supporting a due diligence screening of its alien investor's lawful source of capital and the alien investor's ability to fully invest the requisite amount of capital. Also, describe the regional center's prospective plans in this regard if they differ from past practice.

CMB Texas regularly conducts due diligence in evaluating prospective EB-5 investors, including lawful source of funds. Please refer to the attached statement by Patrick F. Hogan.

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

<p>Industry Category Title:</p> <p>Construction</p> <p>NAICS Code for the Industry Category:</p> <p>2 3 0 0 0 0</p>	<p>Is the Form I-924 application supported by an economic analysis and underlying business plan for the determination of prospective EB-5 job creation through EB-5 investments in this industry category?</p> <p><input type="checkbox"/> No - Attach an explanation</p> <p><input checked="" type="checkbox"/> Yes</p>
<p>Industry Category Title:</p> <p></p> <p>NAICS Code for the Industry Category:</p> <p>— — — — —</p>	<p>Is the Form I-924 application supported by an economic analysis and underlying business plan for the determination of prospective EB-5 job creation through EB-5 investments in this industry category?</p> <p><input type="checkbox"/> No - Attach an explanation</p> <p><input type="checkbox"/> Yes</p>
<p>Industry Category Title:</p> <p></p> <p>NAICS Code for the Industry Category:</p> <p>— — — — —</p>	<p>Is the Form I-924 application supported by an economic analysis and underlying business plan for the determination of prospective EB-5 job creation through EB-5 investments in this industry category?</p> <p><input type="checkbox"/> No - Attach an explanation</p> <p><input type="checkbox"/> Yes</p>

Part 3. Information About the Regional Center (Continued)

8a. Describe and document the current and/or prospective structure of ownership and control of the commercial entity(s) in which the EB-5 alien investors have or will make their capital investments.

(b)(4)

CMB Texas is seeking approval of an exemplar I-526 petition for an affiliated new commercial enterprise - CMB Texas Infrastructure Investment Group 27, LP. As reflected in the attached exemplar petition documents, as the General Partner, CMB Texas owns ☐ of this enterprise. The EB-5 investors will collectively own the remaining ☐ of CMB Texas Infrastructure Investment Group 27, LP.

b. Date commercial enterprise established, if any (mm/dd/yyyy): 02/05/2014

c. Organization Structure for commercial enterprise:

- ☐ 1. Corporation
- ☒ 2. Partnership (including Limited Partnership)
- ☐ 3. Limited Liability Company (LLC)
- ☐ 4. Other (Explain) _____

d. Has or will the Regional Center or any of its principals or agents have an equity stake in the commercial enterprise?

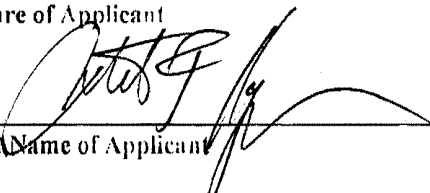
- ☐ No ☒ Yes - Attach an explanation and documentation that outlines when and under what circumstances these remittances will be paid.

e. Has or will the Regional Center or any of its principals or agents receive fees, profits, surcharges, or other like remittances through EB-5 capital investment activities from this commercial enterprise, beyond the minimum capital investment threshold required of the EB-5 alien entrepreneurs?

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

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

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

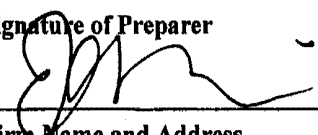
Signature of Applicant 	Daytime Phone Number (Area/Country Codes) (309) 797-1550	Date (mm/dd/yyyy)
Printed Name of Applicant Patrick F. Hogan	E-Mail Address Pat@cmb5visa.com	
Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) Owner/President		

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

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

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

☐ No ☒ Yes

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

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

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

Part 1. Information About Principal of the Regional Center

Name: Last Hogan	First Patrick	Middle Francis
In Care Of: CMB Texas, LLC		
Street Address/P.O. Box: 7819 42nd Street W.		
City: Rock Island	State: IL	Zip Code: 61201
Date of Birth (mm/dd/yyyy) (b)(6)	Fax Number (include area code): (855) 852-5133	Telephone Number (include area code): (309) 797-1550
Web site address: www.cmbeb5visa.com		

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

RCW 1227850774 / RC ID 1227850774

Part 2. Application Type (Select one)

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

Part 3. Information About the Regional Center

(Use a continuation sheet, if needed, to provide information for additional management companies/agencies, regional center principals, agents, individuals, or entities who are or will be involved in the management, oversight, and administration of the regional center.)

A. Name of Regional Center: CMB Texas, LLC

Street Address/P.O. Box: 7819 42nd Street W.		
City: Rock Island	State: IL	Zip Code: 61201
Web site Address: www.cmbeb5visa.com	Fax Number (include area code): (855) 852-5133	Telephone (include area code): (309) 797-1550

B. Name of Managing Company/Agency: CMB Texas, LLC

Street Address/P.O. Box: 7819 42nd Street W.		
City: Rock Island	State: IL	Zip Code: 61201
Web site Address: www.cmbeb5visa.com	Fax Number (include area code): (855) 852-5133	Telephone (include area code): (309) 797-1550

C. Name of Other Agent:

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



RCW1534453556

egarcia2 1924A 12/10/2015

Part 3. Information About the Regional Center (Continued)

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

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

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

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

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

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

a. Name of Commercial Enterprise: CMB Texas Infrast. Invest. Group 27, LP		Industry Category Title: Construction	
Address (Street Number and Name): 7819 42nd Street W.	City: Rock Island	State: IL	Zip Code: 61201
Aggregate EB-5 Capital Investment:	Aggregate Direct and Indirect Job Creation:	Aggregate Jobs Maintained:	
(b)(4)			
Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

(1) Business Name: RE Projects - Pomona, LLC		Industry Category Title: Construction	
Address (Street Number and Name): 3090 Olive St., Suite 300	City: Dallas	State: TX	Zip Code: 75219
EB-5 Capital Investment:	Direct and Indirect Job Creation:	Jobs Maintained:	
(b)(4)			
(2) Business Name		Industry Category Title:	
Address (Street Number and Name):		City:	State: TX
EB-5 Capital Investment:		Direct and Indirect Job Creation:	Jobs Maintained:

b. Name of Commercial Enterprise: CMB Texas Infrast. Invest. Group 40, LP		Industry Category Title: Construction	
Address (Street Number and Name): 7819 42nd Street W.	City: Rock Island	State: IL	Zip Code: 61201
Aggregate EB-5 Capital Investment:	Aggregate Direct and Indirect Job Creation:	Aggregate Jobs Maintained:	

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ No ☒ Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

(1) Business Name: Stillwater Residential Investments II, LLC		Industry Category Title: Construction	
Address (Street Number and Name): 4145 Travis Street, Ste. 202	City: Dallas	State: TX	Zip Code: 75204
EB-5 Capital Investment	Direct and Indirect Job Creation	Jobs Maintained	
(b)(4)			

Part 3. Information About the Regional Center (Continued)

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

c. Name of Commercial Enterprise: CMB Texas Infrast. Invest. Group 45, LP		Industry Category Title: Construction	
Address (Street Number and Name): 7819 42nd Street W.	City: Rock Island	State: IL	Zip Code: 61201
Aggregate EB-5 Capital Investment:	Aggregate Direct and Indirect Job Creation:	Aggregate Jobs Maintained:	

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ No ☒ Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

(1) Business Name: LCG/HW DH Partners, LLC		Industry Category Title: Construction	
Address (Street Number and Name): 3090 Olive St., Suite 300	City: Dallas	State: TX	Zip Code: 75219
EB-5 Capital Investment:	Direct and Indirect Job Creation:	Jobs Maintained:	

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

Part 3. Information About the Regional Center (Continued)

d. Name of Commercial Enterprise:		Industry Category Title:	
Address (Street Number and Name):	City:	State:	Zip Code:
Aggregate EB-5 Capital Investment:	Aggregate Direct and Indirect Job Creation:	Aggregate Jobs Maintained:	

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? ☐ No ☐ Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

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

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

e. Name of Commercial Enterprise:		Industry Category Title:	
Address Street Number and Name:	City:	State:	Zip Code:
Aggregate EB-5 Capital Investment:	Aggregate Direct and Indirect Job Creation:	Aggregate Jobs Maintained:	
Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes			

Part 3. Information About the Regional Center (Continued)

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

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

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

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

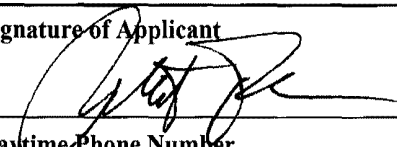
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

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

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

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

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

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

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

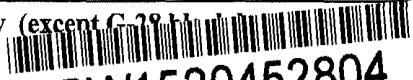
I declare that I prepared this form using information provided by someone with authority to act on behalf of the Regional Center, and the answers and information are those provided by the Regional Center.

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

☐ No ☒ Yes

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

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

Do Not Write in This Block - for USCIS Use Only (except G-28)	
Action Block	<div> RCW1520452804 egarcia2 1924 07/23/2015</div> <div><input checked="" type="checkbox"/> G-28 attached Attorney's State License No. <u>146597/208665</u></div>

Part 1. Information About Principal of the Regional Center

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

C/O: CMB Texas, LLC

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

City: Rock Island	State: IL	Zip Code: 61201
-------------------	-----------	-----------------

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

Web site address:
www.cmbeb5visa.com

Part 2. Application Type (Check one)

- ☐ a. Initial Application for Designation as a Regional Center
- ☒ b. Amendment to an approved Regional Center application. Note the previous application receipt number, if any (also attach the Regional Center's previous approval notice): Request for approval of I-526 exemplar for affiliated new commercial enterprise. (RC ID: 1227850774)

Part 3. Information About the Regional Center

(Use a continuation sheet, if needed, to provide information for additional management companies/agencies, Regional Center principals, agents, individuals or entities who are or will be involved in the management, oversight, and administration of the regional center.)

A. Name of Regional Center: CMB Texas, LLC

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

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

Part 3. Information About the Regional Center (Continued)

B. Name of Managing Company/Agency: CMB Export, LLC

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

City: Rock Island	State: IL	Zip Code: 61201
Web site address: www.cmbeb5visa.com	Fax Number (include area code): (309) 797-1655	Telephone Number (include area code): (309) 797-1550

C. Name of Other Agent:

Street Address/P.O. Box:

City:	State:	Zip Code:
Web site address:	Fax Number (include area code):	Telephone Number (include area code):

D. Continuation, if needed, to provide information for additional management companies/agencies, regional center principals, agents, individuals or entities who are or will be involved in the management, oversight, and administration of the regional center.)

N/A - management structure unchanged from initial regional center proposal for CMB Texas, LLC ("CMB Texas").

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.

(b)(4) CMB Texas is a limited liability company. Ownership of the Regional Center is held ☐ by the Patrick F. Hogan Trust and ☐ by the Joan L. Hogan Trust. Patrick F. Hogan ("Mr. Hogan") is the Managing Member of CMB Texas.

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 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.

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 EB-5 capital investment activities and the allocation of the resulting jobs created or maintained under the sponsorship of the regional 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 has been operating as a regional center for over 17 years, and throughout this period, has properly complied with all monitoring and reporting requirements. Mr. Hogan is familiar with all USCIS requirements to maintain CMB Texas, LLC's regional center designation. Additionally, there are several full-time employees that assist with the monitoring and reporting requirements for USCIS.

Part 3. Information About the Regional Center (Continued)

5. Describe the past, current, and future promotional activities for the regional center. Include a description of the budget for this activity, along with evidence of the funds committed to the regional center for promotional activities. Submit a plan of operation for the regional center that addresses how EB-5 investors will be recruited, the method(s) by which the capital investment opportunities will be offered to the investors, and how they will subscribe or commit to the investment interest.

Please refer to the attached statement by Mr. Hogan regarding CMB Texas's promotional activities.

6. Describe whether and how the regional center is engaged in supporting a due diligence screening of its alien investor's lawful source of capital and the alien investor's ability to fully invest the requisite amount of capital. Also, describe the regional center's prospective plans in this regard if they differ from past practice.

CMB Texas regularly conducts due diligence in evaluating prospective EB-5 investors, including lawful source of funds. Please refer to the attached statement by Mr. Hogan.

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

Industry Category Title: <u>Construction</u>	Is the Form I-924 application supported by an economic analysis and underlying business plan for the determination of prospective EB-5 job creation through EB-5 investments in this industry category? <input type="checkbox"/> No - Attach an explanation <input checked="" type="checkbox"/> Yes
NAICS Code for the Industry Category: <u>2 3 0 0 0 0</u>	
Industry Category Title: <u></u>	Is the Form I-924 application supported by an economic analysis and underlying business plan for the determination of prospective EB-5 job creation through EB-5 investments in this industry category? <input type="checkbox"/> No - Attach an explanation <input type="checkbox"/> Yes
NAICS Code for the Industry Category: <u> </u>	
Industry Category Title: <u></u>	Is the Form I-924 application supported by an economic analysis and underlying business plan for the determination of prospective EB-5 job creation through EB-5 investments in this industry category? <input type="checkbox"/> No - Attach an explanation <input type="checkbox"/> Yes
NAICS Code for the Industry Category: <u> </u>	

Part 3. Information About the Regional Center (Continued)

8a. Describe and document the current and/or prospective structure of ownership and control of the commercial entity(s) in which the EB-5 alien investors have or will make their capital investments.

(b)(4) CMB Texas is seeking approval of an I-526 exemplar petition for an affiliated new commercial enterprise - CMB Texas Infrastructure Investment Group 40, LP. ("CMB Group 40"). As reflected in the attached exemplar petition documents, the co-General Partner (CMB Texas) owns [redacted] of this enterprise. The EB-5 investors will own collectively the remaining [redacted] of CMB Group 40.

b. Date commercial enterprise established, if any (mm/dd/yyyy): 11/06/2014

c. Organization Structure for commercial enterprise:

- ☐ 1. Corporation
- ☒ 2. Partnership (including Limited Partnership)
- ☐ 3. Limited Liability Company (LLC)
- ☐ 4. Other (Explain) _____

d. Has or will the Regional Center or any of its principals or agents have an equity stake in the commercial enterprise?

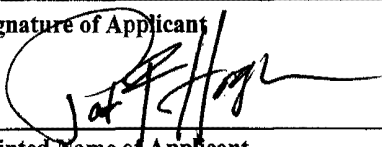
- ☐ No ☒ Yes - Attach an explanation and documentation that outlines when and under what circumstances these remittances will be paid.

e. Has or will the Regional Center or any of its principals or agents receive fees, profits, surcharges, or other like remittances through EB-5 capital investment activities from this commercial enterprise, beyond the minimum capital investment threshold required of the EB-5 alien entrepreneurs?

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

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

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

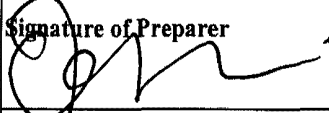
Signature of Applicant 	Daytime Phone Number (Area/Country Codes) (309) 797-1550	Date (mm/dd/yyyy) 07/14/2015
Printed Name of Applicant Patrick F. Hogan	E-Mail Address pat@cmb5visa.com	
Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) President/Managing Member of CMB Texas, LLC and CMB Export, LLC		

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

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

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


☐ No ☒ Yes

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

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

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

Do Not Write in This Block - for USCIS Use Only (Leave out of 72 block below)

Do Not Write in This Block - for USCIS Use Only (except G-28 block below)	
Action Block	I  RCW1520452808 magingir 1924 07/23/2015
	<input checked="" type="checkbox"/> G-28 attached Attorney's State License No. 146597/208665

Part 1. Information About Principal of the Regional Center

Name: Last	First	Middle
Hogan	Patrick	Francis

C/O: CMB Texas, LLC

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

City: Rock Island		State: IL		Zip Code: 61201	
Date of Birth (mm/dd/yyyy)		Fax Number (include area code): (309) 797-1655		Telephone Number (include area code): (309) 797-1550	

Web site address: www.cmbeb5visa.com

Part 2. Application Type (Check one)

- ☐ a. Initial Application for Designation as a Regional Center
- ☒ b. Amendment to an approved Regional Center application. Note the previous application receipt number, if any (also attach the Regional Center's previous approval notice): Request for approval of I-526 exemplar for affiliated new commercial enterprise. (RC ID: 1227850774)

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A. Name of Regional Center: CMB Texas, LLC

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

City: Rock Island	State: IL	Zip Code: 61201
Web site address: www.cmbeb5visa.com	Fax Number (include area code): (309) 797-1655	Telephone Number (include area code): (309) 797-1550

Part 3. Information About the Regional Center (Continued)

B. Name of Managing Company/Agency: CMB Export, LLC

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

City: Rock Island	State: IL	Zip Code: 61201
Web site address: www.cmbeb5visa.com	Fax Number (include area code): (309) 797-1655	Telephone Number (include area code): (309) 797-1550

C. Name of Other Agent:

Street Address/P.O. Box:

City:	State:	Zip Code:
Web site address:	Fax Number (include area code):	Telephone Number (include area code):

D. Continuation, if needed, to provide information for additional management companies/agencies, regional center principals, agents, individuals or entities who are or will be involved in the management, oversight, and administration of the regional center.)

N/A - management structure unchanged from initial regional center proposal for CMB Texas, LLC ("CMB Texas").

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.

(b)(4) CMB Texas is a limited liability company. Ownership of the Regional Center is held [] by the Patrick F. Hogan Trust and [] by the Joan L. Hogan Trust. Patrick F. Hogan ("Mr. Hogan") is the Managing Member of CMB Texas.

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 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.

Current geographic scope consists of entire state of Texas (as reflected on USCIS regional center designation letter, dated June 4, 2014).

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Part 3. Information About the Regional Center (Continued)

5. Describe the past, current, and future promotional activities for the regional center. Include a description of the budget for this activity, along with evidence of the funds committed to the regional center for promotional activities. Submit a plan of operation for the regional center that addresses how EB-5 investors will be recruited, the method(s) by which the capital investment opportunities will be offered to the investors, and how they will subscribe or commit to the investment interest.

Please refer to the attached statement by Mr. Hogan regarding CMB Texas' promotional activities.

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CMB Texas regularly conducts due diligence in evaluating prospective EB-5 investors, including lawful source of funds. Please refer to the attached statement by Mr. Hogan.

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

Industry Category Title: <div>Construction</div>	Is the Form I-924 application supported by an economic analysis and underlying business plan for the determination of prospective EB-5 job creation through EB-5 investments in this industry category? <input type="checkbox"/> No - Attach an explanation <input checked="" type="checkbox"/> Yes
NAICS Code for the Industry Category: <div>2 3 0 0 0 0</div>	
Industry Category Title: <div></div>	Is the Form I-924 application supported by an economic analysis and underlying business plan for the determination of prospective EB-5 job creation through EB-5 investments in this industry category? <input type="checkbox"/> No - Attach an explanation <input type="checkbox"/> Yes
NAICS Code for the Industry Category: <div></div>	
Industry Category Title: <div></div>	Is the Form I-924 application supported by an economic analysis and underlying business plan for the determination of prospective EB-5 job creation through EB-5 investments in this industry category? <input type="checkbox"/> No - Attach an explanation <input type="checkbox"/> Yes
NAICS Code for the Industry Category: <div></div>	

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

8a. Describe and document the current and/or prospective structure of ownership and control of the commercial entity(s) in which the EB-5 alien investors have or will make their capital investments.

(b)(4) CMB Texas is seeking approval of an I-526 exemplar petition for an affiliated new commercial enterprise - CMB Texas Infrastructure Investment Group 45, LP. ("CMB Group 45"). As reflected in the attached exemplar petition documents, the co-General Partner (CMB Texas) owns [] of this enterprise. The EB-5 investors will own collectively the remaining [] of CMB Group 45.

b. Date commercial enterprise established, if any (mm/dd/yyyy): 11/06/2014

c. Organization Structure for commercial enterprise:

- ☐ 1. Corporation
- ☒ 2. Partnership (including Limited Partnership)
- ☐ 3. Limited Liability Company (LLC)
- ☐ 4. Other (Explain) _____

d. Has or will the Regional Center or any of its principals or agents have an equity stake in the commercial enterprise?

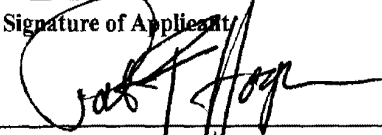
- ☐ No ☒ Yes - Attach an explanation and documentation that outlines when and under what circumstances these remittances will be paid.

e. Has or will the Regional Center or any of its principals or agents receive fees, profits, surcharges, or other like remittances through EB-5 capital investment activities from this commercial enterprise, beyond the minimum capital investment threshold required of the EB-5 alien entrepreneurs?

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

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

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

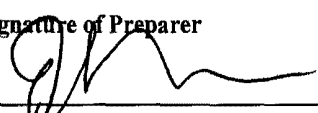
Signature of Applicant 	Daytime Phone Number (Area/Country Codes) (309) 797-1550	Date (mm/dd/yyyy) 07/14/2015
Printed Name of Applicant Patrick F. Hogan	E-Mail Address pat@cmb5visa.com	
Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) President/Managing Member of CMB Texas, LLC and CMB Export, LLC		

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

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

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

☐ No ☒ Yes

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