

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
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In Care Of: CMB Southeast Regional Center, LLC

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

City: Rock Island	State: IL	Zip Code: 61201
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Date of Birth (mm/dd/yyyy): <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span>	Fax Number (include area code): (855) 852-5133	Telephone Number (include area code): (309) 797-1550
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(b)(6)

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/1231250800/RC ID1231250800

**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 Southeast Regional Center, LLC

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

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 (include area code): (309) 797-1550
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B. Name of Managing Company/Agency: CMB Southeast Regional Center, LLC

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

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 (include area code): (309) 797-1550
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C. Name of Other Agent: N/A

Street Address/P.O. Box:

City:	State:	Zip Code:
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Web site Address:	Fax Number (include area code):	Telephone (include area code):
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**RCW1502252564**

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CS0060

**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 that 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 Infrastructure Investment Group 26, L.P		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: RE Projects - JCCC A-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:	

b. 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	

**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:	
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:	

**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)		

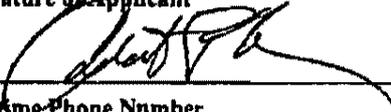
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

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) 12/15/2014
Daytime Phone Number (Area/Country Codes) (309) 797-1550	E-Mail Address pat@cmbeb5visa.com	
Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) Managing Member		

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

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

Attorney or Representative: In the event of a Request for Evidence (RFE), may the USCIS contact you by Fax or E-mail?  No  Yes

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

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

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

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C30060

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

Name: Last Hogan	First Patrick	Middle Francis
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In Care Of: CMB Southeast Regional Center, LLC

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

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

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW1231250800 / RC ID1231250800

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

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

**Part 3. Information About the Regional Center**

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

A. Name of Regional Center: CMB Southeast Regional Center, LLC

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

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 (include area code): (309) 797-1550
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B. Name of Managing Company/Agency: CMB Southeast Regional Center, LLC

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

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 (include area code): (309) 797-1550
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C. Name of Other Agent:

Street Address/P.O. Box:

City:	State:	Zip Code:
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Web site Address:	Fax Number (include area code):	Telephone (include area code):
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**RCW1336151514**

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

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

1. Identify the aggregate EB-5 capital investment and job creation that 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)		
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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:

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

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

a. Name of Commercial Enterprise:		Industry Category Title:	
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:	

b. 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	

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

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

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

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

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

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

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

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

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

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

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

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

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

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

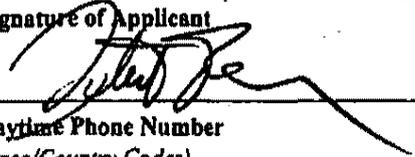
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

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

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

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

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

<b>Signature of Applicant</b> 	<b>Printed Name of Applicant</b> Patrick F. Hogan	<b>Date (mm/dd/yyyy)</b> 12/09/2013
<b>Daytime Phone Number (Area/Country Codes)</b> 3097971550	<b>E-Mail Address</b> pat@cmbeb5visa.com	
<b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b> President		

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

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

**Attorney or Representative:** In the event of a Request for Evidence (RFE), may the USCIS contact you by Fax or E-mail?  No  Yes

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



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

**B. Name of Managing Company/Agency:** CMB Southeast Regional Center, 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 Southeast Regional Center, 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 (collectively, the "CMB Regional Centers.") The CMB Regional Centers have operated collectively for more than 15 years and have raised capital from over  EB5 investors. CMB's senior management is comprised of the following individuals:

President: Patrick F. Hogan (hereinafter "Mr. 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 Southeast Regional Center, LLC is wholly-owned and controlled by Mr. 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.

CMB Southeast Regional Center, LLC intends to include the entire states of Florida and Georgia within its geographic scope as a regional center (please see attached 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 have been operating collectively for over 15 years. Throughout this period, Mr. Hogan has overseen the regional centers' successful compliance with all monitoring and reporting requirements with USCIS, and will continue to follow compliance procedures for CMB Southeast Regional Center, LLC. CMB Export LLC is among a very small group of regional centers with investors that have obtained I-829 approvals, based in part on evidence of job creation. To ensure that job creation is carefully tracked, CMB Export includes reporting requirements in loan agreements with the third-party borrower receiving EB-5 capital. CMB Export and outside experts track the spending activities of each borrowing entity and the resulting job creation from the capital expenditures, which is later provided to each investor for their I-829 petition.



**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 Operational Plan and statement from Mr. Hogan regarding 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 Southeast Regional Center, LLC will conduct due diligence in evaluating prospective EB-5 investors, including lawful source of funds. Please refer to Operational Plan and statement from Mr. Hogan for additional details.

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

<p>Industry Category Title:  <input style="width: 100%;" type="text" value="Construction"/></p> <p>NAICS Code for the Industry Category:  <u>0</u> <u>0</u> <u>0</u> <u>0</u> <u>2</u> <u>3</u></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  <input checked="" type="checkbox"/> Yes</p>
<p>Industry Category Title:  <input style="width: 100%;" type="text"/></p> <p>NAICS Code for the Industry Category:          _____</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  <input type="checkbox"/> Yes</p>
<p>Industry Category Title:  <input style="width: 100%;" type="text"/></p> <p>NAICS Code for the Industry Category:          _____</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  <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.**

As outlined in the sample Limited Partnership Agreement, each organized offering will be structured as a limited partnership with CMB Southeast Regional Center, LLC serving as a General Partner or Co-General Partner. The General Partner will hold [redacted] interest in the limited partnership, and EB-5 investors will collectively own the remaining [redacted] of the enterprise.

(b)(4)

**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?**

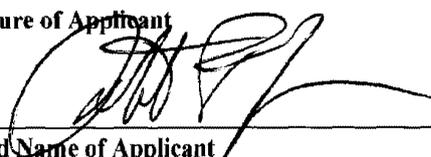
- No
- Yes - Attach an explanation and documentation that outlines when and under what circumstances these remittances will be paid.

**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.

<b>Signature of Applicant</b> 	<b>Daytime Phone Number</b> (Area/Country Codes) (309) 797-1550	<b>Date (mm/dd/yyyy)</b> 10/16/2012
<b>Printed Name of Applicant</b> Patrick F. Hogan	<b>E-Mail Address</b> pat@cmb5visa.com	
<b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b>  President/Managing Member		



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

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

**Attorney or Representative:** In the event of a Request for Evidence (RFE), may the USCIS contact you by Fax or E-mail?  No  Yes

<b>Signature of Preparer</b> 		<b>Printed Name of Preparer</b> Lincoln Stone / Elsie Arias	<b>Date (mm/dd/yyyy)</b> 11/1/2012
<b>Firm Name and Address</b> Stone & Grzegorek LLP 800 Wilshire Boulevard, Suite 900, Los Angeles, California 90017			
<b>Daytime Phone Number</b> (Area/Country Codes) (213) 627-8997	<b>Fax Number (Area/Country Codes)</b> (213) 627-8998	<b>E-Mail Address</b> elsie@lskglaw.com / lincoln@lskglaw.com	



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

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

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

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

In Care Of: CMB Southeast Regional Center, LLC

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

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

(b)(6) 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

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW1231250800 / RC ID 1231250800

**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 Southeast Regional Center, LLC

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

B. Name of Managing Company/Agency: CMB Southeast Regional Center, LLC

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

C. Name of Other Agent:

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



**RCW1534453553**

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

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

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

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 North Carolina Inf. Inv. Group 50, L.P.		Industry Category Title: Construction	
Address (Street Number and Name): 7819 42nd Street W.	City: Rock Island	State: IL	Zip Code: 61201
Aggregate EB-5 Capital Investment:	Aggregate Direct and Indirect Job Creation:	Aggregate Jobs Maintained:	

(b)(4)

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

**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: MAG Bear Lake Holdings, LLC		Industry Category Title: Construction	
Address (Street Number and Name): 15442 Knoll Trail Dr. Ste130	City: Dallas	State: TX	Zip Code: 75248
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:		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	

**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:	
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:	

**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?  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:		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.

<b>Signature of Applicant</b> 	<b>Printed Name of Applicant</b> Patrick F. Hogan	<b>Date (mm/dd/yyyy)</b> 12/8/2015
<b>Daytime Phone Number</b> (Area/Country Codes) (309) 797-1550	<b>E-Mail Address</b> pat@cmb5visa.com	
<b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b> Managing Member		

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

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

**Attorney or Representative:** In the event of a Request for Evidence (RFE), may the USCIS contact you by Fax or E-mail?  No  Yes

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

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

**Form I-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 Southeast Regional Center, 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
<div style="border: 1px solid black; width: 100px; height: 20px;"></div>		
Web site address: www.cmbeb5visa.com		

(b)(6)

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW1231250800 / RC ID1231250800

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

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

**Part 3. Information About the Regional Center**

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

**A. Name of Regional Center:** CMB Southeast Regional Center, LLC

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

**B. Name of Managing Company/Agency:** CMB Southeast Regional Center, LLC

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

**C. Name of Other Agent:**

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



**RCW1336151514**

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

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

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

(b)(4)

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

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

(b)(4)

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

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

a. Name of Commercial Enterprise:		Industry Category Title:	
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:	

b. 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	

**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:	
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:	

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

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

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

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

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

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

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

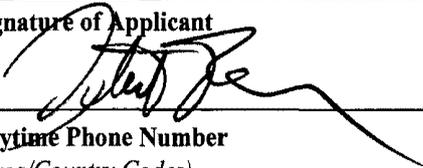
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

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

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

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

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

<b>Signature of Applicant</b> 	<b>Printed Name of Applicant</b> Patrick F. Hogan	<b>Date (mm/dd/yyyy)</b> 12/09/2013
<b>Daytime Phone Number</b> <i>(Area/Country Codes)</i> 3097971550	<b>E-Mail Address</b> pat@cmb5visa.com	
<b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b> President		

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

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

**Attorney or Representative:** In the event of a Request for Evidence (RFE), may the USCIS contact you by Fax or E-mail?  No  Yes

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

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

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

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

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

In Care Of: CMB Southeast Regional Center, LLC

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

City: Rock Island	State: IL	Zip Code: 61201
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Date of Birth (mm/dd/yyyy): <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span>	Fax Number (include area code): (855) 852-5133	Telephone Number (include area code): (309) 797-1550
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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/1231250800/RC ID1231250800

**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 Southeast Regional Center, LLC

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

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 (include area code): (309) 797-1550
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**B. Name of Managing Company/Agency:** CMB Southeast Regional Center, LLC

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

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 (include area code): (309) 797-1550
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**C. Name of Other Agent:** N/A

Street Address/P.O. Box:

City:	State:	Zip Code:
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Web site Address:	Fax Number (include area code):	Telephone (include area code):
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(b)(6)

**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 that 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 Infrastructure Investment Group 26, L.P		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

**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.

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

(b)(4)

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

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

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

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

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

**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:	
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:	

**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?  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:		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)		

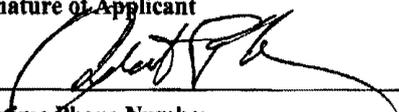
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

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 compete Part 5.*

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

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

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

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

**Attorney or Representative:** In the event of a Request for Evidence (RFE), may the USCIS contact you by Fax or E-mail?  No  Yes

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

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

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

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

Name: Last Hogan		First Patrick	Middle Francis
In Care Of: CMB Southeast Regional Center, LLC			
Street Address/P.O. Box: 7819 42nd Street W.			
City: Rock Island		State: IL	Zip Code: 61201
(b)(6) Date of Birth (mm/dd/yyyy):	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	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/1231250800/RC ID1231250800

**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 Southeast Regional Center, LLC

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

**B. Name of Managing Company/Agency:** CMB Southeast Regional Center, LLC

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

**C. Name of Other Agent:** N/A

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



**RCW1500552353**

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

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

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

(b)(4)

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

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

(b)(4)

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

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

(b)(4)

<b>a. Name of Commercial Enterprise:</b> CMB		<b>Industry Category Title:</b>	
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 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.

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

(b)(4)

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

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

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

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

**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:	
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:	

**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?  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:		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)		

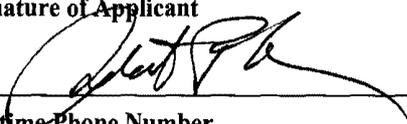
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

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 compete **Part 5**.*

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

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

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

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

**Attorney or Representative:** In the event of a Request for Evidence (RFE), may the USCIS contact you by Fax or E-mail?  No  Yes

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

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

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

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C36660

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

<p><b>Action Block</b></p>	<div style="text-align: center;">   <b>RCW1520452806</b>                  maginger      1924      07/23/2015             </div> <p><input checked="" type="checkbox"/> G-28 attached</p> <p>Attorney's State License No. <u>146597/208665</u></p>
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**Part 1. Information About Principal of the Regional Center**

Name: Last <b>Hogan</b>	First <b>Patrick</b>	Middle <b>Francis</b>
C/O: CMB Southeast Regional Center, LLC		
Street Address/P.O. Box: 7819 42nd Street West		
City: Rock Island	State: IL	Zip Code: 61201
Date of Birth (mm/dd/yyyy): <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; vertical-align: middle;"></span>	Fax Number (include area code): (309) 797-1655	Telephone Number (include area code): (309) 797-1550
Web site address: <u>www.cmbeb5visa.com</u>		

(b)(6)

**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): Requests for expansion of geographic scope and I-526 exemplar for affiliated new commercial enterprise. (ID: 1231250800)

**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 Southeast Regional Center, 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): <u>(309) 797-1655</u>	Telephone Number (include area code): <u>(309) 797-1550</u>

**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
-----

**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 Southeast Regional Center, LLC ("CMB Southeast") is a limited liability company. Ownership of the Regional Center is held [redacted] by the Patrick F. Hogan Trust and [redacted] by the Joan L. Hogan Trust. Patrick F. Hogan ("Mr. Hogan") is the Managing Member of CMB Southeast.

b. Date the Regional Center was established(mm/dd/yyyy): 09/24/2012

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 September 16, 2013), CMB Southeast has authorization to operate within the entire states of Florida and Georgia.

In this I-924 filing, CMB Southeast is seeking to expand to its geographic scope to Jackson County, North Carolina.

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 Southeast 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 Export's regional center designation. Additionally, there are several full-time employees that assist with the monitoring and reporting requirements for USCIS.

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

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

Please refer to the attached statement by Mr. Hogan regarding CMB Southeast'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 Southeast 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:  <input type="text" value="Construction"/></p> <p>NAICS Code for the Industry Category:  <u>2</u> <u>3</u> <u>0</u> <u>0</u> <u>0</u> <u>0</u></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  <input checked="" type="checkbox"/> Yes</p>
<p>Industry Category Title:  <input type="text"/></p> <p>NAICS Code for the Industry Category:          _ _ _ _ _</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  <input type="checkbox"/> Yes</p>
<p>Industry Category Title:  <input type="text"/></p> <p>NAICS Code for the Industry Category:          _ _ _ _ _</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  <input checked="" 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 Southeast is seeking approval of an I-526 exemplar petition for an affiliated new commercial enterprise - CMB North Carolina Infrastructure Investment Group 50, LP. ("CMB Group 50"). As reflected in the attached exemplar petition documents, the co-General Partner, CMB Southeast owns [ ] of this enterprise. The EB-5 investors will own collectively the remaining [ ] of CMB Group 50.

b. Date commercial enterprise established, if any (mm/dd/yyyy): 02/18/2015

c. Organization Structure for commercial enterprise:

- 1. Corporation
- 2. Partnership (including Limited Partnership)
- 3. Limited Liability Company (LLC)
- 4. Other (Explain) \_\_\_\_\_

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

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

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

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

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

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

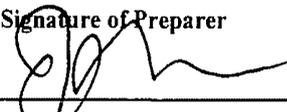
Signature of Applicant 	Daytime Phone Number <i>(Area/Country Codes)</i> (309) 797-1550	Date (mm/dd/yyyy) 07/14/2015
Printed Name of Applicant Patrick F. Hogan	E-Mail Address Pat@cmb5visa.com	
Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) President/Managing Member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

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

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

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

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

<p><b>Action Block</b></p> <div style="border: 2px solid black; padding: 5px; text-align: center;"> <p>U.S. Department of Homeland Security</p> <p>★ APPROVED ★</p> <p>★ JUN 02 2015 ★</p> <p>★ <i>[Signature]</i> ★</p> <p>★ 7950 ★</p> <p>U.S. Citizenship and Immigration Services</p> </div>	<p style="text-align: center;">I </p> <p style="text-align: center; font-size: 24pt;"><b>RCW1424051865</b></p> <p style="text-align: center;">egarcia2      1924      08/28/2014</p> <p><input checked="" type="checkbox"/> G-28 attached</p> <p>Attorney's State License No. 146597/157532</p>
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C30056

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

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

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

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

**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 Southeast Regional Center, 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: FL	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 Southeast Regional Center, LLC ("CMB Southeast") is a limited liability company, ownership of which is held [redacted] by the Patrick F. Hogan Trust, and [redacted] by the Joan L. Hogan Trust, Patrick F. Hogan, Managing Member.

**b.** Date the Regional Center was established(mm/dd/yyyy): 09/25/2012

**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 September 16, 2013), CMB Southeast has authorization to operate within the entire states of Florida and Georgia.

**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 Southeast Regional Center, 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. Patrick F. Hogan is familiar with all USCIS requirements to maintain CMB Southeast Regional Center, 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, signed by Patrick Hogan regarding CMB Southeast'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 Southeast regularly conducts due diligence in evaluating prospective EB-5 investors, including lawful source of funds. Please refer to the attached statement by Patrick Hogan.

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

<p>Industry Category Title:  <input style="width: 100%;" type="text" value="Construction"/></p> <p>NAICS Code for the Industry Category:  <u>2</u> <u>3</u> <u>0</u> <u>0</u> <u>0</u> <u>0</u></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:  <input style="width: 100%;" type="text"/></p> <p>NAICS Code for the Industry Category:          _____</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:  <input style="width: 100%;" type="text"/></p> <p>NAICS Code for the Industry Category:          _____</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 Southeast is seeking approval of an exemplar I-526 petition for an affiliated new commercial enterprise - CMB Florida Infrastructure Investment Group 26, LP. As reflected in the attached exemplar petition documents, as the General Partner, CMB Southeast owns  of this enterprise. The EB-5 investors will collectively own  of CMB Florida Infrastructure Investment Group 26, LP.

b. Date commercial enterprise established, if any (mm/dd/yyyy): 01/15/2014

c. Organization Structure for commercial enterprise:

- 1. Corporation
- 2. Partnership (including Limited Partnership)
- 3. Limited Liability Company (LLC)
- 4. Other (Explain) \_\_\_\_\_

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

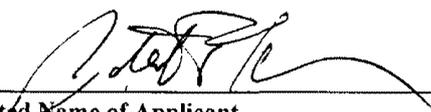
- No
- Yes - Attach an explanation and documentation that outlines when and under what circumstances these remittances will be paid.

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

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

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

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

<b>Signature of Applicant</b> 	<b>Daytime Phone Number</b> <i>(Area/Country Codes)</i> (309) 797-1550	<b>Date (mm/dd/yyyy)</b> 8/27/2014
<b>Printed Name of Applicant</b> Patrick F. Hogan	<b>E-Mail Address</b> Pat@cmb5visa.com	
<b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b> Owner/President		

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

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

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

No  Yes

<b>Signature of Preparer</b> 	<b>Printed Name of Preparer</b> Lincoln Stone / Michele Franchett	<b>Date (mm/dd/yyyy)</b> 8-12-2014
<b>Firm Name and Address</b> Stone Grzegorek & Gonzalez LLP 800 Wilshire Blvd., Suite 900, Los Angeles, CA 90017		
<b>Daytime Phone Number</b> (Area/Country Codes) (213) 627-8997	<b>Fax Number (Area/Country Codes)</b> (213) 627-8998	<b>E-Mail Address</b> Michele@sggimmigration.com Lincoln@sggimmigration.com

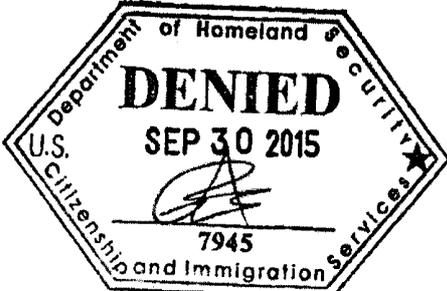
Department of Homeland Security  
U.S. Citizenship and Immigration Services

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

FORM I-924 (03/13)

C30056

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

<p><b>Action Block</b></p> 	<p><b>Fee</b></p>  <p style="font-size: 1.2em; font-weight: bold;">RCW1333951318</p> <p>egarcia2      1924      12/05/2013</p> <p><input checked="" type="checkbox"/> G-28 attached</p> <p>Attorney's State License No. 146597/208665</p>
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**Part 1. Information About Principal of the Regional Center**

Name: Last HOGAN	First Patrick	Middle Francis
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C/O: CMB Southeast Regional Center 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) <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; vertical-align: middle;"></span>	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

(b)(6)

**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): Requests for approval of exemplar I-526 petition and expansion of geographic scope for CMB Southeast Regional Center LLC

**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 Southeast Regional Center 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

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

**B. Name of Managing Company/Agency:** CMB Southeast Regional Center LLC

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

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

**C. Name of Other Agent:** N/A

**Street Address/P.O. Box:**

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

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

N/A

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

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

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

CMB Southeast Regional Center LLC is a limited liability company. Patrick Hogan is the sole owner and managing member of CMB Southeast Regional Center LLC.

**b. Date the Regional Center was established(mm/dd/yyyy):** 08/15/1997 (CMB Export LLC)

**c. Organization Structure for the Regional Center:** 09/16/2013 (CMB Southeast Regional Center LLC)

- 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.**

CMB Southeast Regional Center LLC's ("CMB Southeast") geographic scope currently encompasses Florida and Georgia. It now seeks to expand its geographic scope to include Tennessee, which is contiguous to its current region.

**4. Describe the regional center's administration, oversight, and management functions that are or will be in place to monitor all EB-5 capital investment activities and the allocation of the resulting jobs created or maintained under the sponsorship of the regional center.**

CMB Southeast Regional Center, LLC is operated by the same principals, management team, and highly-experienced staff that operate the CMB Export LLC and CMB Summit LLC regional centers (collectively, the "CMB Regional Centers.") The CMB Regional Centers have operated collectively for more than 15 years, and throughout this period, have properly complied with all monitoring and reporting requirements. Patrick Hogan is familiar with all USCIS requirements to maintain CMB Export LLC and CMB Southeast Regional Center LLC's regional center designations. Additionally, CMB Export LLC has several full-time employees to assist with the monitoring and reporting requirements.

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

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

Please refer to attached letter, signed by Patrick Hogan, regarding CMB Southeast Regional Center LLC and CMB Export LLC's promotional activities.

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

CMB Southeast Regional Center LLC and CMB Export LLC regularly conduct due diligence in evaluating prospective EB-5 investors, including lawful source of funds, anti-money laundering and anti-terrorist screening.

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:  <input style="width: 100%;" type="text" value="Construction"/></p> <p>NAICS Code for the Industry Category:                  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  <input checked="" type="checkbox"/> Yes</p>
<p>Industry Category Title:  <input style="width: 100%;" type="text"/></p> <p>NAICS Code for the Industry Category:                  _____</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  <input type="checkbox"/> Yes</p>
<p>Industry Category Title:  <input style="width: 100%;" type="text"/></p> <p>NAICS Code for the Industry Category:                  _____</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  <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 Southeast Regional Center LLC is seeking expansion of geographic scope, as well as approval of an exemplar I-526 petition for an affiliated new commercial enterprise - CMB Tennessee Infrastructure Investment Group 30, LP. The EB-5 investors will collectively own  of CMB Tennessee Infrastructure Investment Group 30, LP.

b. Date commercial enterprise established, if any (mm/dd/yyyy): 07/10/2013

c. Organization Structure for commercial enterprise:

- 1. Corporation
- 2. Partnership (including Limited Partnership)
- 3. Limited Liability Company (LLC)
- 4. Other (Explain) \_\_\_\_\_

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

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

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

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

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

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

<b>Signature of Applicant</b> 	<b>Daytime Phone Number</b> <i>(Area/Country Codes)</i> (309) 797-1550	<b>Date (mm/dd/yyyy)</b> 12/04/2013
<b>Printed Name of Applicant</b> Patrick F. Hogan	<b>E-Mail Address</b> pat@cmb5visa.com	
<b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b> Owner/President		

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

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

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

No  Yes

<b>Signature of Preparer</b> 	<b>Printed Name of Preparer</b> Lincoln Stone / Elsie Arias	<b>Date (mm/dd/yyyy)</b> 12/4/2013
<b>Firm Name and Address</b> STONE GRZEGOREK & GONZALEZ LLP		
<b>Daytime Phone Number</b> (Area/Country Codes) (213) 627-8997	<b>Fax Number (Area/Country Codes)</b> (213) 627-8998	<b>E-Mail Address</b> elsie@sggimmigration.com lincoln@sggimmigration.com