

## G-28, Notice of Entry of Appearance as Attorney or Accredited Representative

Department of Homeland Security

### Part 1. Notice of Appearance as Attorney or Accredited Representative

**A. This appearance is in regard to immigration matters before:**

- USCIS - List the form number(s): I-924A FY 2012       CBP - List the specific matter in which appearance is entered:  
 ICE - List the specific matter in which appearance is entered: \_\_\_\_\_

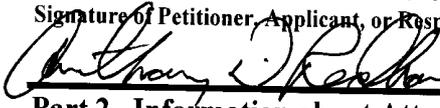
**B. I hereby enter my appearance as attorney or accredited representative at the request of:**

List Petitioner, Applicant, or Respondent. **NOTE:** Provide the mailing address of Petitioner, Applicant, or Respondent being represented, and not the address of the attorney or accredited representative, except when filed under VAWA.

<b>Principal Petitioner, Applicant, or Respondent</b>				A Number or Receipt Number, if any	<input type="checkbox"/> Petitioner <input checked="" type="checkbox"/> Applicant <input type="checkbox"/> Respondent
Name: Last	First	Middle			
Rodham	Anthony	Dean			
Address: Street Number and Street Name    Apt. No.		City	State	Zip Code	
1650 Tysons Boulevard, Suite 810		McLean	VA	22102	

Pursuant to the Privacy Act of 1974 and DHS policy, I hereby consent to the disclosure to the named Attorney or Accredited Representative of any record pertaining to me that appears in any system of records of USCIS, USCBP, or USICE.

Signature of Petitioner, Applicant, or Respondent

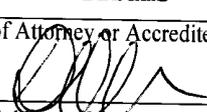
 Anthony Dean Rodham, President and CEO      Date 12/29/12

### Part 2. Information about Attorney or Accredited Representative (Check applicable items(s) below)

- A.  I am an attorney and a member in good standing of the bar of the highest court(s) of the following State(s), possession(s), territory(ies), commonwealth(s), or the District of Columbia: DC Court of Appeals  
 I am not  or  am subject to any order of any court or administrative agency disbaring, suspending, enjoining, restraining, or otherwise restricting me in the practice of law (If you are subject to any order(s), explain fully on reverse side).
- B.  I am an accredited representative of the following qualified non-profit religious, charitable, social service, or similar organization established in the United States, so recognized by the Department of Justice, Board of Immigration Appeals pursuant to 8 CFR 1292.2. Provide name of organization and expiration date of accreditation:  
 \_\_\_\_\_
- C.  I am associated with \_\_\_\_\_  
 The attorney or accredited representative of record previously filed Form G-28 in this case, and my appearance as an attorney or accredited representative is at his or her request (If you check this item, also complete item A or B above in Part 2, whichever is appropriate).

### Part 3. Name and Signature of Attorney or Accredited Representative

I have read and understand the regulations and conditions contained in 8 CFR 103.2 and 292 governing appearances and representation before the Department of Homeland Security. I declare under penalty of perjury under the laws of the United States that the information I have provided on this form is true and correct.

Name of Attorney or Accredited Representative		Attorney Bar Number(s), if any
D. Simone Williams		989088
Signature of Attorney or Accredited Representative		Date
		<u>12/29/2012</u>
Complete Address of Attorney or Organization of Accredited Representative (Street Number and Street Name, Suite No., City, State, Zip Code)		
Gulf Coast Funds Management LLC 1650 Tysons Blvd., Suite 810, McLean, VA 22102		
Phone Number (Include area code)	Fax Number, if any (Include area code)	E-Mail Address, if any
(571) 765-3500	(571) 765-3506	simone.williams@gulfcoastfunds.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 Rodham	First Anthony	Middle Dean
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In Care Of:

Street Address/P.O. Box: 1650 Tysons Blvd., Suite 810

City: McLean	State: VA	Zip Code: 22102
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Date of Birth (mm/dd/yyyy)	Fax Number (include area code): (571) 765-3506	Telephone Number (include area code): (571) 765-3500
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Web site address: <http://www.gulfcoastfunds.com/>

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

*IO 1031910101*

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

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

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

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

A. Name of Regional Center: Gulf Coast Funds Management, LLC

Street Address/P.O. Box: 1650 Tysons Blvd., Suite 810

City: McLean	State: VA	Zip Code: 22102
Web site <a href="http://www.gulfcoastfunds.com/">http://www.gulfcoastfunds.com/</a>	Fax Number (include area code): (571) 765-3506	Telephone (include area code): (571) 765-3500

B. Name of Managing Company/Agency: Gulf Coast Funds Management, LLC

Street Address/P.O. Box: 1650 Tysons Blvd., Suite 810

City: McLean	State: VA	Zip Code: 22102
Web site <a href="http://www.gulfcoastfunds.com/">http://www.gulfcoastfunds.com/</a>	Fax Number (include area code): (571) 765-3506	Telephone (include area code): (571) 765-3500

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):



**RCW1300351038**

egarcia2 1924A 01/03/2013

030056

**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
		N/A

- 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: Automobile Manufacturing		NAICS Code for the Industry Category 3 3 6 0 0 0
Aggregate EB-5 Capital Investment: [Redacted]	Aggregate Direct and Indirect Job Creation: [Redacted]	Aggregate Jobs Maintained: N/A
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: GreenTech Automotive Partnership A-3, LP		Industry Category Title: Investment Vehicle	
Address (Street Number and Name): 1650 Tysons Blvd Suite 810	City: McLean	State: VA	Zip Code: 22102
Aggregate EB-5 Capital Investment: [Redacted]	Aggregate Direct and Indirect Job Creation:	Aggregate Jobs Maintained: N/A	
Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			



(b)(4)

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

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

<b>(1) Business Name:</b> Greentech Automotive		<b>Industry Category Title:</b> Automobile Manufacturing	
<b>Address (Street Number and Name):</b> 1323 US HWY 61	<b>City:</b> Tunica	<b>State:</b> MS	<b>Zip Code:</b> 38676
[Redacted]		<b>Jobs Maintained:</b> N/A	
<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>b. Name of Commercial Enterprise:</b> GTA Fund A-2, LLC		<b>Industry Category Title:</b> Investment Vehicle	
<b>Address (Street Number and Name):</b> 1650 Tysons Blvd. Suite 810	<b>City:</b> McLean	<b>State:</b> VA	<b>Zip Code:</b> 22102
<b>Aggregate EB-5 Capital Investment:</b>	<b>Aggregate Direct and Indirect Job Creation:</b>	<b>Aggregate Jobs Maintained:</b> N/A	

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> Greentech Automotive		<b>Industry Category Title:</b> Automobile Manufacturing	
<b>Address (Street Number and Name):</b> 1323 US HWY 61	<b>City:</b> Tunica	<b>State:</b> MS	<b>Zip Code:</b> 38676
<b>EB-5 Capital Investment</b>	<b>Direct and Indirect Job Creation</b>	<b>Jobs Maintained</b> N/A	



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

<b>(2) Business Name:</b> Gulf Coast Automotive Investment Fund A-1		<b>Industry Category Title:</b> Investment Vehicle	
<b>Address (Street Number and Name):</b> 645 Lakeland East Dr, Ste 101	<b>City:</b> Flowood	<b>State:</b> MS	<b>Zip Code:</b> 29232
<b>EB-5 Capital Investment:</b> [Redacted]	<b>Direct and Indirect Job Creation:</b>	<b>Jobs Maintained:</b> N/A	

<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> Greentech Automotive		<b>Industry Category Title:</b> Automobile Manufacturing	
<b>Address (Street Number and Name):</b> 1323 US HWY 61	<b>City:</b> Tunica	<b>State:</b> MS	<b>Zip Code:</b> 29232
<b>EB-5 Capital Investment:</b> [Redacted]	<b>Direct and Indirect Job Creation:</b>	<b>Jobs Maintained:</b> N/A	

<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?  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



(b)(4)

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

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

(1) Business Name:		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

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

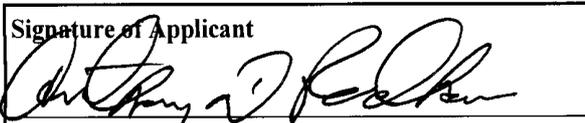
Form I-829 Petition Final Case Actions		
Approved	Denied	Revoked

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



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

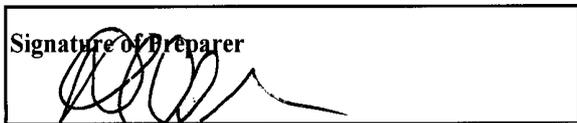
I certify, under penalty of perjury under the laws of the United States of America, that this supplemental form and the evidence submitted with it are all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility 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> Anthony Dean Rodham	<b>Date (mm/dd/yyyy)</b> 12/29/12
<b>Daytime Phone Number</b> <i>(Area/Country Codes)</i> 571-765-3500	<b>E-Mail Address</b>	
<b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b> President & CEO		

**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> D. Simone Williams	<b>Date (mm/dd/yyyy)</b> 12/29/2012
<b>Firm Name and Address</b> Gulf Coast Funds Management, LLC 1650 Tysons Blvd., Suite 810, McLean, VA 22102		
<b>Daytime Phone Number</b> <i>(Area/Country Codes)</i> 571-765-3500	<b>Fax Number (Area/Country Codes)</b> 571-765-3506	<b>E-Mail Address</b> simone.williams@gulfcoastfunds.com



**G-28, Notice of Entry of Appearance  
as Attorney or Accredited Representative**

Department of Homeland Security

**Part 1. Notice of Appearance as Attorney or Accredited Representative**

**A. This appearance is in regard to immigration matters before:**

- USCIS - List the form number(s): I-924A FY 2011       CBP - List the specific matter in which appearance is entered:  
 ICE - List the specific matter in which appearance is entered: \_\_\_\_\_

**B. I hereby enter my appearance as attorney or accredited representative at the request of:**

List Petitioner, Applicant, or Respondent. NOTE: Provide the mailing address of Petitioner, Applicant, or Respondent being represented, and not the address of the attorney or accredited representative, except when filed under VAWA.

<b>Principal Petitioner, Applicant, or Respondent</b>				A Number or Receipt Number, if any	<input type="checkbox"/> Petitioner
Name: Last	First	Middle			<input checked="" type="checkbox"/> Applicant
Gulf Coast Funds Management LLC	Anthony	Dean			<input type="checkbox"/> Respondent
Rodham					
Address: Street Number and Street Name		Apt. No.	City	State	Zip Code
1650 Tysons Boulevard, 8th Floor			MCLEAN	VA	22102

Pursuant to the Privacy Act of 1974 and DHS policy, I hereby consent to the disclosure to the named Attorney or Accredited Representative of any record pertaining to me that appears in any system of records of USCIS, USCBP, or USICE

Signature of Petitioner, Applicant, or Respondent

Anthony Dean Rodham, President & CEO

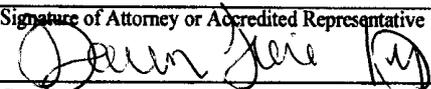


**Part 2. Information about Attorney or Accredited Representative (Check applicable items(s) below)**

- A.  I am an attorney and a member in good standing of the bar of the highest court(s) of the following State(s), possession(s), territory(ies), commonwealth(s), or the District of Columbia: U.S. Supreme Court  
 I am not  or  am subject to any order of any court or administrative agency disbaring, suspending, enjoining, restraining, or otherwise restricting me in the practice of law (If you are subject to any order(s), explain fully on reverse side).
- B.  I am an accredited representative of the following qualified non-profit religious, charitable, social service, or similar organization established in the United States, so recognized by the Department of Justice, Board of Immigration Appeals pursuant to 8 CFR 1292.2. Provide name of organization and expiration date of accreditation: \_\_\_\_\_
- C.  I am associated with \_\_\_\_\_  
 The attorney or accredited representative of record previously filed Form G-28 in this case, and my appearance as an attorney or accredited representative is at his or her request (If you check this item, also complete item A or B above in Part 2, whichever is appropriate).

**Part 3. Name and Signature of Attorney or Accredited Representative**

I have read and understand the regulations and conditions contained in 8 CFR 103.2 and 292 governing appearances and representation before the Department of Homeland Security. I declare under penalty of perjury under the laws of the United States that the information I have provided on this form is true and correct.

Name of Attorney or Accredited Representative Dawn Lurie		Attorney Bar Number(s), if any 000591
Signature of Attorney or Accredited Representative 		Date 12-08-11
Complete Address of Attorney or Organization of Accredited Representative (Street Number and Street Name, Suite No., City, State, Zip Code) Greenberg Traurig LLP - TCO 1750 Tysons Boulevard, #1200 McLean, VA 22102		
Phone Number (Include area code) (703) 749-1300	Fax Number, if any (Include area code) (703) 749-1301	E-Mail Address, if any luried@gtlaw.com



(b)(6)

OMB No. 1615-0061; Expires 09/30/2012

RCW1200450517

egarcia2 1924A 12/29/2011

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

Part 1. Information About Principal of the Regional Center

Name: Last Rodham	First Anthony	Middle Dean
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In Care Of: Cherly Wei

Street Address/P.O. Box: 1650 Tysons Blvd, Suite 810

City: McLean	State: VA	Zip Code: 22102
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Date of Birth (mm/dd/yy): <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span>	Fax Number (include area code):	Telephone Number (include area code): 571-765-3500
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Web site address: <http://www.gulfcoastfunds.com/>

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

RCW 1031910101  
ID 1031910101

Part 2. Application Type (Check one)

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

Part 3. Information About the Regional Center

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

A. Name of Regional Center: Gulf Coast Funds Management, LLC

Street Address/P.O. Box: 1650 Tysons Blvd, Suite 810		
City: McLean	State: VA	Zip Code: 22102
Web site Address: <a href="http://www.gulfcoastfunds.com/">http://www.gulfcoastfunds.com/</a>	Fax Number (include area code):	Telephone (include area code): 571-765-3500

B. Name of Managing Company/Agency: Gulf coast Funds Management, LLC

Street Address/P.O. Box: 1650 Tysons Blvd, 8th Floor		
City: McLean	State: VA	Zip Code: 22102
Web site Address: <a href="http://www.gulfcoastfunds.com/">http://www.gulfcoastfunds.com/</a>	Fax Number (include area code):	Telephone (include area code): 571-765-3500

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):



030060

**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.

**\*\*All aggregate numbers provided for FY 2011 only**

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
		N/A

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: Automobile Manufacturing		NAICS Code for the Industry Category <u>3</u> <u>3</u> <u>6</u> <u>0</u> <u>0</u> <u>0</u>
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: Gulf Coast Automotive Investment Fund A-1, LLC		Industry Category Title: Investment Vehicle	
Address (Street Number and Name): 645 Lakeland East Drive, Suite 101	City: Flowood	State: MS	Zip Code: 29232
Aggregate EB-5 Capital Investment:	Aggregate Direct and Indirect Job Creation:	Aggregate Jobs Maintained: N/A	

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: GreenTech Automotive		Industry Category Title: Automobile Manufacturing	
Address (Street Number and Name): 1323 US HWY 61	City: Tunica	State: MS	Zip Code: 38676
EB-5 Capital Investment: <div style="border: 1px solid black; height: 15px; width: 100%;"></div>	Direct and Indirect Job Creation:	Jobs Maintained: N/A	
(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: GTA Fund A-2, LLC		Industry Category Title: Investment Vehicle	
Address (Street Number and Name): 1650 Tysons Blvd, Suite 810	City: McLean	State: VA	Zip Code: 22102
Aggregate EB-5 Capital Investment: N/A	Aggregate Direct and Indirect Job Creation: N/A	Aggregate Jobs Maintained: N/A	

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: GreenTech Automotive		Industry Category Title: Automobile Manufacturing	
Address (Street Number and Name): 1323 US HWY 61	City: Tunica	State: MS	Zip Code: 38676
EB-5 Capital Investment <div style="border: 1px solid black; height: 15px; width: 100%;"></div>	Direct and Indirect Job Creation	Jobs Maintained N/A	



**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: n/a	Aggregate Jobs Maintained: n/a	

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.)

\*For FY 2011

Form I-526 Petition Final Case Actions		
Approved	Denied	Revoked

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

Form I-829 Petition Final Case Actions		
Approved	Denied	Revoked

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



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

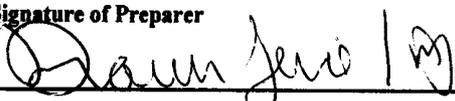
I certify, under penalty of perjury under the laws of the United States of America, that this supplemental form and the evidence submitted with it are all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility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

<b>Signature</b> 	<b>Printed Name of Applicant</b> Anthony Dean Rodham	<b>Date (mm/dd/yyyy)</b> 12/27/2011
<b>Daytime Phone Number</b> (Area/Country Codes) 571-765-3500	<b>E-Mail Address</b>	
<b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b> President & CEO		

**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> Dawn Lurie	<b>Date (mm/dd/yyyy)</b> 12-28-11
<b>Firm Name and Address</b> Greenberg Traurig LLP - TCO 1750 Tysons Boulevard, #1200 McLean, VA 22102		
<b>Daytime Phone Number</b> (Area/Country Codes) 703- 903-7527	<b>Fax Number (Area/Country Codes)</b> (703) 749-1301	<b>E-Mail Address</b> luried@gtlaw.com



**G-28; Notice of Entry of Appearance as Attorney or Accredited Representative**

Department of Homeland Security

**Part 1. Notice of Appearance as Attorney or Accredited Representative**

**A. This appearance is in regard to immigration matters before:**

- USCIS - List the form number(s): I-924       CBP - List the specific matter in which appearance is entered: \_\_\_\_\_
- ICE - List the specific matter in which appearance is entered: \_\_\_\_\_

**B. I hereby enter my appearance as attorney or accredited representative at the request of:**

List Petitioner, Applicant, or Respondent. **NOTE:** Provide the mailing address of Petitioner, Applicant, or Respondent being represented, and not the address of the attorney or accredited representative, except when filed under VAWA.

<b>Principal Petitioner, Applicant, or Respondent</b>				A Number or Receipt Number, if any	<input type="checkbox"/> Petitioner
Name: Last	First	Middle			<input checked="" type="checkbox"/> Applicant
Gulf Coast Funds	Management, LLC				
Address: Street Number and Street Name		Apt. No.	City	State	Zip Code
1650 Tysons Blvds Suite 810			McLean	VA	22102

Pursuant to the Privacy Act of 1974 and DHS policy, I hereby consent to the disclosure to the named Attorney or Accredited Representative of any record pertaining to me that appears in any system of records of USCIS, USCBP, or USICE.

Signature of Petitioner, Applicant, or Respondent

Date

*Anthony A. Williams*

8/13/12

**Part 2. Information about Attorney or Accredited Representative (Check applicable items(s) below)**

- A.  I am an attorney and a member in good standing of the bar of the highest court(s) of the following State(s), possession(s), territory(ies), commonwealth(s), or the District of Columbia: DC Court of Appeals
- I am not  or  am subject to any order of any court or administrative agency disbaring, suspending, enjoining, restraining, or otherwise restricting me in the practice of law (If you are subject to any order(s), explain fully on reverse side).
- B.  I am an accredited representative of the following qualified non-profit religious, charitable, social service, or similar organization established in the United States, so recognized by the Department of Justice, Board of Immigration Appeals pursuant to 8 CFR 1292.2. Provide name of organization and expiration date of accreditation: \_\_\_\_\_
- C.  I am associated with \_\_\_\_\_  
The attorney or accredited representative of record previously filed Form G-28 in this case, and my appearance as an attorney or accredited representative is at his or her request (If you check this item, also complete item A or B above in Part 2, whichever is appropriate).

**Part 3. Name and Signature of Attorney or Accredited Representative**

I have read and understand the regulations and conditions contained in 8 CFR 103.2 and 292 governing appearances and representation before the Department of Homeland Security. I declare under penalty of perjury under the laws of the United States that the information I have provided on this form is true and correct.

Name of Attorney or Accredited Representative		Attorney Bar Number(s), if any
D. Simone Williams		989088
Signature of Attorney or Accredited Representative		Date
<i>[Signature]</i>		8/2/2012
Complete Address of Attorney or Organization of Accredited Representative (Street Number and Street Name, Suite No., City, State, Zip Code)		
Gulf Coast Funds Management, LLC 1650 Tysons Corner Blvd, McLean VA 22102		
Phone Number (Include area code)	Fax Number, if any (Include area code)	E-Mail Address, if any
571-765-3500	571-765-3506	simone.williams@gulfcoastfunds.com

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

RCW1221950726

C30056

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

Action Block

FC



**RCW1221950726**

egarcia2 1924 08/06/2012

G-28 attached

Attorney's State License No.  
\_\_\_\_\_

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

Name: Last RODHAM	First Anthony	Middle
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C/O: C/O Gulf Coast Funds Management, LLC, Cheryl Wei, Director of Operations

Street Address/P.O. Box: 1650 Tysons Blvd. Suite 810

City: McLean	State: VA	Zip Code: 22102
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Date of Birth (mm/dd/yyyy): <input type="text"/>	Fax Number (include area code): (571) 765-3506	Telephone Number (include area code): (571) 765-3500
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Web site address: www.gulfcoastfunds.com

## Part 2. Application Type (Check one)

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

## Part 3. Information About the Regional Center

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

A. Name of Regional Center: Gulf Coast Funds Management, LLC

Street Address/P.O. Box: 1650 Tysons Blvd. Suite 810

City: McLean	State: VA	Zip Code: 22102
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Web site address: www.gulfcoastfunds.com	Fax Number (include area code): (571) 765-3506	Telephone Number (include area code): (571) 765-3500
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**Part 3. Information About the Regional Center (Continued)**

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

Street Address/P.O. Box:

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

**C. Name of Other Agent:**

Street Address/P.O. Box:

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

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

<p>[Redacted]</p> <p>Anthony Rodham, President and CEO, Gulf Coast Funds Management, LLC. Address and contact: 1650 Tysons Blvd. Suite 810, McLean, VA 22102 (t) 571-765-3500 (f) 571 -765-3506</p> <p>Cheryl Wei, Director of Operations, Gulf Coast Funds Management, LLC. Address and contact: 1650 Tysons Blvd. Suite 810, McLean, VA 22102 (t) 571-765-3500 (f) 571 -765-3506</p> <p>Simone Williams, General Counsel, Gulf Coast Funds Management, LLC. Address and contact: 1650 Tysons Blvd. Suite 810, McLean, VA 22102 (t) 571-765-3500 (f) 571 -765-3506</p>
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**Part 3. Information About the Regional Center (Continued)**

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

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

Gulf Coast Funds Management, LLC, a Louisiana limited liability company (the "Management Company" or "Regional Center"), will manage the day-to-day administrative operations of the Offering pursuant to a certain Management Agreement dated July 19, 2012, which was entered into in connection with this Offering. Under this agreement, the Management Company will provide day-to-day management and administrative services for this Offering. Please see attached Addendum sheet for further explanation.

**b. Date the Regional Center was established(mm/dd/yyyy):** 08/18/2008

**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.**

The Regional Center geographic area is comprised of the entire states of Mississippi and Louisiana. The geographic focus of this area contains numerous High Unemployment Targeted Employment Areas (TEA) as designated by the States of Mississippi and Louisiana, and rural TEA's as defined in 8 CFR 204.6(e).

**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.**

Due to the large scope and scale of projects expected to be completed under the Regional Center, ("RC") the status, completion and operation of the job creating enterprise will be carefully monitored by the RC. The RC will be responsible for reviewing reports, financial documents, tax filings, bank accounts, receipts/invoices, general expenditures as well as contracts related to the funding of the EB-5 related project. The RC will then prepare correlated and organized information regarding job creation, and provide this information to the new commercial enterprise at the appropriate time intervals including at the close of the fiscal year in anticipation of filing the I-924A with the U.S. The Center will provide specific information on the methodology utilized for each project to USCIS with any required filings. Please see attached Addendum for further explanation.



**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.

Proposed promotional activities for the Regional Center are described Section 4.0 of GCFM's Business Plan (Exhibit A-3). In Section 4.0 of the Business Plan the Center's plan to market is described in detail. The corresponding budget is described in the Business Plan. Subscription procedures are outlined in detail within the Private Placement Memorandum, enclosed as Exhibit D-2.

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.

The RC engages in the full due diligence screening of its potential EB-5 investors to ensure that it is able to properly verify the lawful source of funds, which includes requesting income tax returns and substantial documentation evidencing the funds intended for investment were derived from lawful sources. Furthermore, as noted in the sample Subscription Agreement, investors must verify that they can afford to bear the risk of such an investment and will have no need for liquidity from these investments.

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="Automobile Manufacturing"/></p> <p>NAICS Code for the Industry Category:          3 3 6 1 1 1          _ _ _ _ _</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" value="Motor Vehicle Parts Manufacturing"/></p> <p>NAICS Code for the Industry Category:          3 3 6 3          _ _ _ _ _</p>	<p>Is the Form I-924 application supported by an economic analysis and underlying business plan for the determination of prospective EB-5 job creation through EB-5 investments in this industry category?</p> <p><input type="checkbox"/> No - Attach an explanation  <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>



(b)(4)

**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.

GreenTech Automotive Inc. ("GTA") is the New Commercial Enterprise and job creating entity in which EB-5 alien investors will make their capital investments. GTA is a Virginia corporation. The alien investors will serve as [redacted]

**b.** Date commercial enterprise established, if any (mm/dd/yyyy): 08/14/2009

**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?

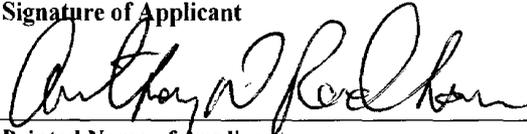
- No
- Yes - Attach an explanation and documentation that outlines when and under what circumstances these remittances will be paid.

**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> (571) 765-3500	<b>Date (mm/dd/yyyy)</b> 08/02/2012
<b>Printed Name of Applicant</b> Anthony Rodham	<b>E-Mail Address</b> tony.rodham@gulfcoastfunds.com	
<b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b>  President and CEO		



**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> D. Simone Williams	<b>Date (mm/dd/yyyy)</b> 08/01/2012
<b>Firm Name and Address</b> Gulf Coast Funds Management, LLC, 1650 Tysons Blvd. Suite 810, McLean, VA 22102			
<b>Daytime Phone Number</b> (Area/Country Codes)  (571) 765-3500	<b>Fax Number (Area/Country Codes)</b>  (571) 765-3506	<b>E-Mail Address</b>  simone.williams@gulfcoastfunds.com	

