I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SAMUEL SILVERMAN

Electronic Signature of Signing Authorized Person(s) Detail

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000157392

Entity Name: EB5 AFFILIATE NETWORK REGIONAL CENTER APPLICATION, LLC

Current Principal Place of Business:

5500 MILITARY TRAIL SUITE 22-260 JUPITER, FL 33458

Current Mailing Address:

5500 MILITARY TRAIL SUITE 22-260 JUPITER, FL 33458 US

FEI Number: 46-4049165

Name and Address of Current Registered Agent:

REGISTERED AGENTS INC. 7901 4TH STREET NORTH SUITE 300 ST PETERSBURG, FL 33702 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	SILVERMAN, SAMUEL B	Name	SCHOENFELD, MICHAEL B
Address	268 CALLE DOS HERMANOS UNIT 5	Address	3203 PLANTATION VILLAGE
City-State-Zip:	SAN JUAN PR 00907	City-State-Zip:	DORADO PR 00646

Date

Certificate of Status Desired: No

MANAGING MEMBER 01/23/2021

FILED Jan 23, 2021 Secretary of State 0649780598CC