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COVER LETTER

то:	Registration Section Division of Corporations		
SUBJE	MDC ATRIUM WEST, LLC		
30000		of Limited Liability Com	pany
Dear Si	r or Madam:		
The end	closed Statement of Authority and fee(s	are submitted for filing.	
Please r	eturn all correspondence concerning th	is matter to the following	:
Catheri	ne A Panczykowski		
	Name of Person		
MDC A	ATRIUM WEST, LLC		
	Firm/Company		
455 Ca	yuga Road, Suite 100		
	Address		
Buffalo	, New York 14225		
	City/State and Zip Code		
cpanczy	/kowski@mcguiredevelopment.com		
	E-mail address: (to be used for future	annual report notification)
For furt	her information concerning this matter,	please call:	
Catherin	ne A Panczykowski	716 at ()	829-1977
	Name of Person	Area Code	Daytime Telephone Number

Mailing Address:
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

STATEMENT OF AUTHORITY

Pursuant to section authority:	on 605.0302(1), Florida Statutes, this limited liability company submits the following statement of	
FIRST: The name of the limited liability company is: MDC ATRIUM WEST, LLC		
SECOND: The	Florida Document Number of the limited liability company is:	
THIRD: The str	reet address of the limited liability company's principal office is:	
	AUDERDALE, FL 3551	
	uailing address of the limited liability company's principal office is:	
Buffalo	New York 14225	
position of a pers person on the foll	a. Granted to: G. David Von Derau, Jr.	
	b. No authority granted to:	
2. Ma	a, Granted to: G. David Von Derau, Jr.	
	b. No authority granted to:	
Signature of auth	orized representative Filing Fee: 525.00 Certified Copy: 530.00 (optional)	